

WOODLAND HORSE CENTER
16301 New Hampshire Avenue
Silver Spring, Md 20905
301-421-9156, fax: 301-421-9049
www.woodlandhorse.com

HOLIDAY CAMP 2012

Please circle the date(s) which campers are attending.

Wed, Dec 26; Thurs, Dec 27; Fri, Dec 28; Mon, Dec 31

A deposit of half of the total cost is due at time of registration; balance is due the first day of camp

Cost is \$80 per day; extended care is \$16.00 per day

A \$50.00 ADMINISTRATIVE FEE WILL BE ASSESSED IF THE CAMPER WITHDRAWS FROM CAMP

Camper's Name _____ Birth date _____
Street _____
City _____ State _____ Zip code _____
Phone _____
Home Work Cell

Email _____
Confirmations sent via email _____

Drop-off time: _____ Pick-up time: _____

Person(s) authorized to pick up camper _____

Has the camper ridden before _____ Taken lessons (number of years) _____

Level of skill: please circle highest level walk trot canter jump

Does the camper have any physical and/or medical health condition, problem and/or disorder which may affect his/her safety and/or ability to ride: YES NO

If YES, describe here _____

How did you hear about us? Newspaper, internet, friends, sign, yellow pages, other

The Undersigned has been advised that horses can be unpredictable & there is a risk of serious injury or death involved in grooming, handling or riding them. The Undersigned agrees to assume such risk when using Woodland Horse Center (WHC) horses. Also, the Undersigned, along with family, estate, heirs or assigns agrees to release/hold harmless WHC, its agents & employees, from & against any claim, action, damage, expense, loss or liability paid, suffered, or incurred, whether or not foreseen, as a result of using WHC horses & equipment. In consideration of the above, the Undersigned agrees to abide by all rules & regulations which may be posted in the barn or announced by a WHC agent or employee.

WHC has the right to refuse or terminate enrollment of any child.

CAMPERS MAY BORROW A WHC HELMET IF THEY DO HAVE NOT HAVE THEIR OWN

I HAVE READ THE ABOVE RELEASE OF LIABILITY AND UNDERSTAND ITS PROVISIONS

Guardian/Licensee signature _____ Date _____

Printed name _____

Credit Card Nr _____ Expiration Date _____

Name on card _____

Total Amt. _____ Deposit _____ Balance _____

Check Nr _____

Name on check _____

Total Amt _____ Deposit _____ Balance _____