

**WOODLAND HORSE CENTER**  
16301 New Hampshire Avenue  
Silver Spring, Md 20905  
301-421-9156, fax: 301-421-9049  
[www.woodlandhorse.com](http://www.woodlandhorse.com)

**HOLIDAY CAMP 2010**

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

Mon, Dec 27; Tues, Dec 28; Wed, Dec 29; Thurs, Dec 30 ; Fri, Day 31 (½ day - 9:00 - 12:00 pm)

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

Cost is \$75 per day; extended care is \$12.00 per day

Dec 31 (½ day session) cost is \$35.00; extended care is \$6.00 (AM only, no PM extended care)

**\$310 for the 4 and ½ days of camp; sign up for the entire camp and save \$25.00**

**A \$50.00 ADMINISTRATIVE FEE WILL BE ASSESSED IF THE CAMPER WITHDRAWS FROM CAMP; DEPOSITS, MINUS THAT AMOUNT, WILL BE REFUNDED AS SOON AS POSSIBLE**

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.

**NOTICE:** WHC provides helmets for the Trial Lesson, but makes **NO** warranties they will protect rider against any injury. All students will buy their own helmet meeting current safety standards & wear it when riding.

Parent/guardian acknowledges having read & fully understand & agree to the terms & conditions of the above Release & Disclaimer of Liability & that it is binding on heirs, executors & assigns. I represent & warrant that I have authority to give this release.

\_\_\_\_\_  
Guardian/Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Guardian/Parent

**WOODLAND HORSE CENTER – CAMPER'S HEALTH HISTORY**

**HOLIDAY CAMP 2010**

Please circle date(s) attending

Mon, Dec 27; Tues, Dec 28; Wed., Dec 29, Thurs, Dec 30; Fri, Dec 31 (½ day)

Camper's Name \_\_\_\_\_

The following information is required for a camper to attend camp.

All campers must be **CURRENT** on all immunizations, see [www.EDCP.org](http://www.EDCP.org) (immunization).

1. Provide month & year of camper's last tetanus (or DTP) shot: \_\_\_\_\_

2. Is the camper currently enrolled in a Maryland school?

YES, name of school: \_\_\_\_\_

NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See [www.EDCP.org](http://www.EDCP.org) (immunization) for information.

3. Is the camper exempt from any immunization on medical or religious grounds?

YES, provide a signed copy of a Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated or the parent/guardian indicating that they object to immunizations for religious reasons.

NO

**CONTACT INFORMATION:**

Parent/Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Camper's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH INFORMATION:** Provide information on any medical, psychological or behavioral conditions, medications, dietary restrictions, allergies or special needs of which we need to be aware to ensure that your child's camp experience is positive.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_