

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)

2012 PONY PAL SUMMER CAMP REGISTRATION FORM

**A \$50.00 ADMINISTRATIVE FEE WILL BE ASSESSED IF THE CAMPER WITHDRAWS FROM CAMP BEFORE MAY 1; DEPOSITS, MINUS THAT AMOUNT, WILL BE REFUNDED AS SOON AS POSSIBLE; HOWEVER, IF THE CAMPER WITHDRAWS FROM CAMP AFTER MAY 1, WOODLAND WILL REFUND ONLY 50% OF PAYMENT ALREADY MADE.**

**Please circle week(s) which campers are attending. Each week \$380; extended care \$80; additional weeks \$360.**

Week 1: June 18 - 22      Week 4: July 9 - 13      Week 7: July 30 - August 3  
Week 2: June 25 - 29      Week 5: July 16 - 20      Week 8: August 6 - 10  
Week 3: July 2 - 6 (July 4 - ½ day 9 - 12; no PM aftercare)      Week 6: July 23 - 27      Week 9: August 13 - 17 (½ day session - 9:00 - 12:00; cost \$270; extended care AM only is \$40)

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) \_\_\_\_\_

Circle highest level of skill      walk      trot      canter      jump

Does camper have any physical and/ or medical disorder which may affect 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 when 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.

**ALL CAMPERS SHOULD HAVE THEIR OWN ASTM-APPROVED HELMETS; HOWEVER, IF THEY DO NOT HAVE ONE, THEY MAY BORROW A WHC HELMET.**

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

**I HAVE READ THE ABOVE RELEASE OF LIABILITY & UNDERSTAND ITS PROVISIONS.**

Guardian/Licensee signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

**A DEPOSIT OF ONE-HALF OF THE TOTAL AMOUNT IS DUE AT TIME OF REGISTRATION; HOWEVER, PARENTS MAY PAY THE ENTIRE AMOUNT AT TIME OF REGISTRATION**

**TOTAL AMOUNT \_\_\_\_\_ DEPOSIT \_\_\_\_\_ BALANCE \_\_\_\_\_**

Name on Credit Card \_\_\_\_\_ Credit Card Nr \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on check \_\_\_\_\_ Check Nr \_\_\_\_\_

