

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

SPRING FLING CAMP 2012
Please circle the date(s) which campers are attending

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 day per day; extended care is \$16 per day

SIGN UP FOR THE ENTIRE CAMP AND SAVE \$30.00

Mon, April 2; Tues, April 3; Wed, Apr 3; Thurs, Apr 5; Fri, Apr 6; Mon, April 9

A \$50.00 ADMINISTRATIVE FEE WILL BE ASSESSED IF THE CAMP 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 emotional 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 acknowledges having been advised that horses can be unpredictable & riding can be risky. With such knowledge, the Undersigned & family agree to release/hold harmless Woodland Horse Center (WHC) & its employees from & against claims, actions, loss of liability paid & damages as a result of using such horses & equipment. A WHC agent or employee will announce rules & regulations regarding the use of horses & equipment; Undersigned agrees to bound those rules & regulations.

CAMPERS MAY USE A WHC HELMET

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

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

Guardian signature _____ Date _____
Printed name _____

TOTAL AMOUNT _____ **DEPOSIT** _____ **BALANCE** _____

Credit Card Nr _____ Expiration Date _____ Name on Card _____

Check Nr _____ Name on check _____

WOODLAND HORSE CENTER – CAMPER’S HEALTH HISTORY

Please circle date(s) camper is attending Spring Fling Camp

Mon, Apr 2; Tues, Apr 3; Wed, Apr 4; Thurs, Apr 5; Fri, Apr 6

Child’s Name _____

The following information is required for a camper to be admitted to day camp.

All campers must be CURRENT on all immunizations, see www.EDCP.org (immunization).

1. Provide month & year of camper’s last tetanus (or DTP) shot: _____

2. Is the camper 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 (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 or guardian indicating that they object to immunizations for religious reasons.

NO

CONTACT INFORMATION:

Parent or 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 or Legal Guardian’s Signature _____ Date _____