

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

2010 SPRING FLING CAMP REGISTRATION FORM

Please circle the dates that you are attending.

Deposit due of ½ (half) the total amount at time of registration.

Cost: \$455 for seven days or each individual day is \$65. Extended Care for the entire camp is \$70 or \$10 for an individual day.

March 29 March 30 March 31 April 1 April 2 April 5 April 6
Student's Name _____ Birth date _____
Street _____
City _____ State _____ Zip Code _____
Phone _____
Home _____ Work _____ Cell _____
Email _____

Please Print Clearly - Confirmations are sent via email where possible

If participating in Extended Care, the following information must be completed:

Anticipated drop-off time: _____ Pick-up time: _____

Person(s) authorized to pick up your child _____

Level of Skill:

Has your child ridden before? _____ Taken Lessons? (number of years) _____

Please circle highest level of skill: walk trot canter jump

Does the Rider have any physical and/or medical health conditions, problem and/or disorder which may affect his/her safety and ability to ride: YES NO If "yes", describe here: _____

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

In consideration of being permitted to use horses and equipment owned by or in the case, custody and control of Woodland Horse Center, ("WHC") the undersigned ("Licensee") and his or her family, estate, heirs, or assigns, hereby agree to release and hold harmless Woodland Horse Center, its agents and employees from and against any claim, action, damage, loss or liability paid, suffered, or incurred, whether foreseen or unforeseen, as a result of the use of the Licensee of such equipment and horses. Licensee hereby assumes liability and responsibility for loss by theft, accident or damage from any cause occurring to such equipment and horses, and agrees to return such equipment and horses in the same condition as when received. Licensee has read and agrees to be bound by the rules and regulations affecting the use of such equipment and horses. The rules are posted in the barn, arena, and office or announced by an authorized agent or employee of WHC. Licensee acknowledges that he or she has been advised that horses and ponies are sometimes unpredictable and that there is a risk involved in riding, and with such knowledge Licensee hereby agrees to assume such risk. Woodland Horse Center does not carry medical insurance for its students and customers.

NOTICE: IT IS HIGHLY RECOMMENDED THAT ALL CAMPERS HAVE THEIR OWN ASTM APPROVED HELMETS - HOWEVER IF ATTENDING ONLY ONE WEEK OF CAMP A HELMET CAN BE BORROWED FROM THE CENTER.

Woodland Horse Center reserves the right to refuse or terminate camp enrollment of any child who, in WHC's sole discretion, presents a danger to him or herself, other campers, staff, the horses or the facility.

I (WE) HAVE READ THE ABOVE RELEASE AND DISCLAIMER OF LIABILITY AND UNDERSTAND ITS PROVISIONS.

Guardian's signature or Licensee's signature _____

Date _____

Printed name of

Guardian _____

If paying by Credit Card: Credit Card

No. _____

Expiration Date _____

Name on Card _____

WOODLAND HORSE CENTER – CAMPERS HEALTH HISTORY – SPRING FLING CAMP 2010

Child's Name _____

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

Camper Immunization Information:

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

1. Provide date (month & year) of camper's last tetanus (or DTP) shot? _____

2. Is the camper currently enrolled in a Maryland school, public or private?

- YES, provide name of Maryland 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 Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medical contraindicated, or the parent or guardian indicating that they object to immunizations or 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 conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive.

Parent or Legal Guardian's Signature _____ Date _____