

**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)

**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 4; 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](http://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](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 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 \_\_\_\_\_