

Startown Stables

EQUESTRIAN DAY CAMPS

ENROLLMENT FORM

The Enrollment Deadline: May 30th, 2011

Camp Fee: \$300 per week

To be completed by parent or guardian. Type or print clearly in ink only. Fill in all sections. Your \$50 non-refundable deposit fee must accompany this form. **Incomplete or illegible enrollment forms cannot be accepted.** If enrolling more than one camper, please use a separate form for each. (Sorry, no financial aid or scholarships are available for campers participating in this program.) Balance will be due on the first day of the camp.

In which camp week(s) is the camper enrolling? June 13-17 July 11-25

Camper's Name: _____ Preferred First Name for Nametag: _____

Home Address: _____

Street City State Zip _____

Phone (number to call weekdays, between 8:30 a.m. and 4:30 p.m. if we have questions): _____
(area code)

Has camper ever attended this camp before? Yes No

E-mail (to contact with questions): _____ Birth Date: _____ Age: _____

Please indicate camper's level of riding experience: beginner intermediate advanced

How many years has the camper been riding (if applicable)?: _____

How many years has the camper been taking riding lessons (if applicable)?: _____

HEALTH HISTORY & EMERGENCY INFORMATION

Personal Medical History: Has he/she had any of the following? Please check all that are applicable.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Measles | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Emotional Disorders | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Psychiatric Care | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Malignancy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Hives | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Mumps | <input type="checkbox"/> _____ |
| <input type="checkbox"/> | | |

Allergies: Any allergies yes no If yes, what is he/she allergic to? _____

EMERGENCY INFORMATION:

Parents'/Guardian's Name(s) _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Please list an additional person to contact in case of an emergency if you cannot be reached:

Name: _____ Relationship to Student: _____

Home/Cell Phone: _____ Work Phone: _____ email: _____

Student's Regular Physician (*primary care provider*): _____

Physician's Phone: _____

(Please be sure to complete the second page of this form, as well.)

Health Insurance Information (If possible, please enclose a photo copy of your insurance card):

Name of person listed as primary insured on the insurance card: _____

Insurance Company: _____ Policy Number: _____

Are there **any special precautions** that must be considered in treating the participant in the case of an emergency (allergies to medicines, diabetes, contact lenses, etc.)? yes no If yes,

please

explain: _____

Permission to Attend Camp, be Photographed & to Receive Medical Treatment

I, the undersigned parent or guardian, do hereby grant permission for my child (named above) to participate in a summer program at Startown Stables .

I give permission for my child to be photographed while participating in camp activities for publicity purposes (some photos will be selected for use on our website and flyers): yes

no

I do hereby grant permission for my child to receive necessary medical treatment in the event of injury or illness while attending a summer program at Startown Stables . I accept responsibility for full payment of such medical treatment. I will not hold the Stables, and/or their representatives responsible in the exercise of this authority.

SIGNATURE of parent or guardian PRINT name of parent or guardian

Payment:

Please check one of the following:

My check in the amount of \$_____ is enclosed. (Make checks payable to Magda I. Reid.)

Please send to:

Startown Stables

2137 Old Latter Rd

Newton, NC 28658

Farm: 828-465-3322

FAX: 828-464-4049

Magda Cell: 828-244-6934