

*Spring Break and Summer Camp Application 2014*

*Grace Riding Stables, LLC*

*1651 CR 140, Georgetown, Texas 78626*

*512 818 5238*

*English riding lesson; barn lesson, bible study, arts and crafts, games and more*

**CAMPER INFORMATION**

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
How did you hear about us?

\_\_\_\_\_  
School and grade

How much riding experience: none \_\_\_\_\_ 1 hour \_\_\_\_\_ 2 – 10 hours \_\_\_\_\_

10 – 20 hours \_\_\_\_\_ accomplished rider \_\_\_\_\_

**Session Dates, please mark all that apply**

**Spring Break Camp**

\_\_ March 10<sup>th</sup> – March 14<sup>th</sup>

**Summer Camp Dates**

\_\_ June 2<sup>nd</sup> – June 6<sup>th</sup>

\_\_ July 7<sup>th</sup> – July 11<sup>th</sup>

\_\_ June 9<sup>th</sup> – June 13<sup>th</sup>

\_\_ July 14<sup>th</sup> – July 18<sup>th</sup>

\_\_ June 16<sup>th</sup> – June 20<sup>th</sup>

\_\_ July 21<sup>st</sup> – July 25<sup>th</sup>

\_\_ June 23<sup>rd</sup> – June 27<sup>th</sup>

\_\_ July 28<sup>th</sup> – August 1<sup>st</sup>

## **PAYMENT AND COST INFORMATION**

**Required – Camp tuition:** number of weeks \_\_\_\_ x \$350.00 = \$ \_\_\_\_

**Optional – Grace T-shirt:** number of shirts \_\_\_\_ x \$18.00 = \$ \_\_\_\_

**Size (circle one)** S M L (adult or youth? )

Please mail this form, your check and copy of immunization records and send to:

Grace Riding Stables, LLC  
1651 Ct Rd 140  
Georgetown TX 78626.

Extended care is available upon request for \$10.00 per hour. 8.00 am to 9.00am and 4.00 pm to 5.00pm/6.00pm. Payable on a daily basis at sign in and pick up.

## **LIABILITY RELEASE**

The undersigned assumes total responsibility and risk of injury to self or minor child, and holds harmless Grace Riding Stables, LLC (owners, counselors, aides, instructors, secretary) for any injury to campers, horses, and spectators. The undersigned assumes total responsibility for all payments and medical treatment. The undersigned understands that Grace Riding Stables, LLC does not have medical insurance. Grace Riding Stables, LLC strongly recommends parents to provide campers with medical insurance. The undersigned has read and understands contract terms.

**\*\*\*WARNING\*\*\* Under Texas Law (Chapter 87.Civil Practice and remedies code) an Equine Professional is not liable for an injury to or death of a participant in Equine activities from the inherent risks of Equine Activates \*\*\***

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Signature

Date

## HEALTH AND EMERGENCY INFORMATION

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Camper Name Age Height Weight

### AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I authorize Grace Riding Stable, LLC's representatives to obtain medical treatment for my child, and I give consent for medical treatment in my absence. I am responsible for medical payment.

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Parental signature Date

### DRUG or FOOD ALLERGIES

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Allergies

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Current Medications

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Dietary Restrictions

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Injuries/disabilities

**A photocopy of your child's immunization records are required and should be attached to this application**

### EMERGENCY CONTACTS

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Name (Mother/Father) Phone Mobile

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Other contact relationship Phone Mobile

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Doctor Phone Mobile

### MEDICAL INSURANCE

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Insurance Company

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Insured Name

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Phone number

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ID #

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Group number

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Plan #