

2011 Summer Camp Registration

Camper:: _____

Address: _____ City _____ Zip _____

Date of Birth _____ Age _____ Sex _____

Email (required) _____

Previous Riding Experience _____

PARENT/GUARDIAN: _____

Phone: (Home) _____ (Cell / Bus.) _____

Emergency Contact: (Name) _____ (Phone) _____

Emergency Medical Info. (Physician) _____ Phone _____

Insurance _____ Policy # _____

Medications / Allergies _____

- Week 1 [] June 13-17
Week 2 [] June 20-24
Week 3 [] June 27-July 1
Week 4 [] July 11-15
Week 5 [] July 18-22
Week 6 [] July 25-29
Week 7 [] August 1-5
Week 8 [] August 8-12
SHOW CAMP [] TBD, \$485/week

Camp 9am-1pm \$335 / week

Extended Care: 1PM-6PM. \$45/day or \$200/wk. Payment due 1st day of camp

Days Needed: M _____ T _____ W _____ TH _____ F _____ Total Cost _____

I give my permission for my child to be transported by extended care provider: _____

Payment is non-refundable

Amount _____ Check # _____ [] Visa [] MasterCard [] Discover

_____ Exp Date: _____

STATE OF North Carolina UNION COUNTY
Release Agreement and Assumption of Risk

IN CONSIDERATION of the covenants herein contained and agreement with Providence Equestrian Center Inc., its officers, agents and employees, for My Child [] My Ward [] (check one)

(First, Last Name) _____

To receive instruction in horseback riding and all activities incidental thereto, or to engage in horseback riding at the Providence Equestrian Center Inc., I do hereby release and discharge Providence Equestrian Center Inc., its officers, agents and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have, or claim to have, against Providence Equestrian Center Inc., it's agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, cause by or arising out of the above-described activities. I assume for my ward or child, or I if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities. I agree to abide by the posted rules and regulations of the Providence Equestrian Center Inc. and to obey the instructions of the staff.

I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I have also read the PEC policies, and I agree to abide by them.

Signature- (Parent/Guardian) _____ Date _____