



M-F 9am-1pm

Fee --\$150/ \$25 Deposit with Application

Summer Camp Application:

Name _____

Birth Date _____ Age _____

Home Address _____

City, St. zip _____

Home Telephone _____

Business Address & Telephone _____

Telephone number at which legal guardian or parent may be reached in case of emergency _____

Email address _____

Height of Student _____

Student Weight _____

Who recommended Equisports Unlimited to you? _____

Does Child have previous riding experience? _____

Experience YES? Western Saddle

Circle all applicable English Saddle Bareback

Please Outline riding experience (lessons, shows, etc.) _____

Please circle your desired week(s) _____

Session Dates - starting

<input type="checkbox"/> 6/04/07	<input type="checkbox"/> 7/02/07	<input type="checkbox"/> 7/30/07
<input type="checkbox"/> 6/11/07	<input type="checkbox"/> 7/09/07	<input type="checkbox"/> 8/08/07
<input type="checkbox"/> 6/18/07	<input type="checkbox"/> 7/16/07	<input type="checkbox"/> 8/13/07
<input type="checkbox"/> 6/25/07	<input type="checkbox"/> 7/23/07	

Will student be bringing his/ her own horse? _____

(Facilities are limited, Reservations must be made in advance. Please note: A vet Certificate stating all shots are current must be supplied before session starts.)

Date Signature of Parent/ Legal Guardian Print Name



RELEASE AND HOLD HARMLESS AGREEMENT

I acknowledge the risks involved in riding and working around horses, which include bodily injury from using, riding, training or being in close proximity to horses. In addition, it is my clear understanding that both horse and rider can be injured in normal daily activities as well as during showing and competition.

Name: _____ hereby agrees to hold harmless and indemnify EQUISPORTS UNLIMITED owner, Annett Demma and further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of
EQUISPORTS UNLIMITED.

Date: _____ Signature _____

Print Name and Address:

Signature of Parent or Guardian _____ Date _____



Medical Release

Childs Name: _____

Parent Name: _____

In case of medical or surgical emergency, I herby give permission to the physician selected by Equisports unlimited to secure proper treatment for, and hospitalize if necessary, the child listed above. Every effort will be made to contact the parent or guardian should such an emergency arise.

ALL SUCH EXPENSES WILL BE THE RESPONSIBILITY OF AND SHALL BE PAID FOR BY THE PARENT(S) OR LEGAL GUARDIAN

In an emergency, if parent or legal guardian cannot be reached, may one of the Equisports Unlimited Summer Camp Staff take student to a doctor of our choice? _____

Do you give consent to medical treatment, in an Emergency, in the event that you cannot be reached? _____

State any health and/ or food problems/ allergies _____

Date of last Tetanus shot _____

Medical Insurance Phone Numbers _____

Medical Insurance Agent (if known) _____

Medical Insurance Co. Address _____

City, State, Zip _____

Medical Insurance Policy Number _____

Family Doctor _____

Family Doctor Phone Number _____

May student participate in all activities on property of Equisports Unlimited Riding Camp _____

Signature of Parent or Legal Guardian _____