



Horse Camp Registration

Camp Participant Name(s) _____

Parent Name(s): _____

Contact Phone: _____ Alt contact phone: _____

Email (please print clearly): _____

Camp Participant's Age(s): _____

Session Dates this rider will attend:

Fall Break Oct 8 - 12 Winter Break Dec 26-28 Winter Break Jan 2-4

Holiday Camps:

Friday, Aug 17 Monday, Sept 3 Monday, Nov 12

Please verify and initial the following:

_____ Payment for camp has been made

_____ Camp participant will not be dropped off before 8:15 or picked up after 2:45 unless special arrangements have been made

_____ Camp participant is at least 8 years old

_____ Camp participant will bring their lunch with them each day

_____ Participant Sign Up Packet has been completed and returned to THH

Please sign, indicating understanding of the following:

I understand that refunds will normally not be made for cancellations within two weeks of the start of camp. I understand that a camp participant will be forbidden from taking part in further camp activities if, in the judgment of the instructor, he/she is unable to follow directions and participate in a manner that is safe for the participant, other participants, or the animals in the program. Should the further presence of a participant who is deemed to be acting in an unsafe manner become disruptive to the ongoing camp program, the responsible adult will be asked to come to the facility to pick up the participant.

_____ Date _____
Parent Signature