

Heavens Hoofprints Equestrian Center

30415 Sloan Canyon Rd., Castaic, Ca. 91384

661-645-0278

HeavensHoofprints@yahoo.com

HeavensHoofprints.org

Heavens Hoofprints Summer Camp 2014

Camp Time: 9am- 1pm daily, Monday through Friday

Campers Age: Eligibility: 6-14 years old

Week Camp Cost: \$225

___ **Week 1: Wild, Wild West (6/16-6/20)**

___ **Week 4: The Saddle Club (7/14-7/18)**

___ **Week 2: Despicable Me (6/23-6/27)**

___ **Week 5: Harry Potter (7/28-8/1)**

___ **Week 3: Frozen (7/7-7/11)**

___ **Week 6: Goose Bumps (8/4-8/8)**

Participants Name: _____ Age: _____ Student Ht: _____ Student Wt: _____

Parent/ Guardian Name(s): _____

Participants Address: _____

Parent/ Guardian Home #: _____ Cell #: _____ Emergency #: _____

Alternative Emergency Contact: _____ Phone #: _____

If your child has any special needs or accommodations that need to be noted, please provide that in the space provided. _____

- We recommend wearing sunscreen and hats to protect your child from the sun. All participants must bring their own water and snack.
- We will provide time for snack break and the participants will have access to their water at all times.
- Please note that while at camp participants will get dirty and possibly wet from water, so please send them in clothes that can get dirty!
- We will be taking lots of pictures and will share your child's pictures with you by e-mail or hard copy.
- If you consent to having your child's pictures shared among Heavens Hoofprints Equestrian Center's different mediums (i.e. website, flyers, bulletin board, etc.) please initial here. _____
- Please remember to have all forms filled out and sent to us before your week of camp participation. You can submit your registration form and registration payment (\$50) in person or mail at: 30415 Sloan Cyn Rd, Castaic, Ca. 91384. **The remaining balance is due the first day of camp.**

Medical Emergency Consent Form:

Medical Release Form

Parent/Legal Guardian's Name: _____

Address: _____

Phone #s: Home (_____) _____ - _____

Work (_____) _____ - _____

Cell (_____) _____ - _____

Other (_____) _____ - _____

Children's Names	List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies. In Addition, Include Any and All Over-the-Counter and/or Prescription Drugs Taken Regularly.

In an emergency, please contact: _____

Relationship to child/children: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

(_____) _____ - _____ (_____) _____ - _____

Or contact: _____

Relationship to child/children: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

(_____) _____ - _____ (_____) _____ - _____

Physician's Name: _____

Address: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Dentist's Name: _____

Address: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Primary Insurance Company: _____
Phone #s: (____) _____ - _____ (____) _____ - _____
Billing Address: _____
Policy Holder's Name: _____
Address: _____
Relationship to child/children: _____
ID #: _____ Group/Policy #: _____

Secondary Insurance Company: _____
Phone #s: (____) _____ - _____ (____) _____ - _____
Billing Address: _____
Policy Holder's Name: _____
Address: _____
Relationship to child/children: _____
ID #: _____ Group/Policy #: _____

Statement of Consent: *(To be signed in the presence of a legalized notary public.)*

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____ Date: _____

Notarization:

On this _____ day of _____, _____, _____
(date) (month) (year) (name of parent)
personally appeared before me in _____ County (in the state of _____)

and, in my presence, signed this medical release form.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____

Heavens Hoofprints Equestrian Center Riding

Agreement

Release of Claims and Indemnity Agreement

The undersigned being of lawful age, desires to participate in equestrian activities with Heavens Hoofprints Equestrian Center located at 30415 Sloan Canyon Rd, Castaic, Ca. 91384. The undersigned acknowledges that there are dangers and risks of injury inherent in these equestrian activities, but still desires to participate in these activities.

THEREFORE, the undersigned, for and in consideration of the opportunity to participate in these equestrian activities and for other good and valuable consideration, does hereby forever release, acquit, and forever discharge company, individuals, their employees, agents, and all other persons, corporations, associations, or partnerships in any way involved in said business or the ownership of land or personal property used in said business from any and all claims, actions, causes of action, demands, rights, damages, and costs whatsoever which the undersigned may have or incur on account of, or in any way growing out of, any and all known and unknown, foreseen and unforeseen, bodily and personal injuries and/ or property damage or the consequences thereof resulting from any accident, casualty or event involving the undersigned and arising out of equestrian activities.

IT IS EXPRESSLY UNDERSTOOD by the undersigned that the undersigned would not be permitted to engage in equestrian activities without this release whereby the undersigned, regardless of fault, agrees to fully release the release from any and all responsibility of accident or injury.

IT IS ACKNOWLEDGED THAT PROTECTICE HEAD GEAR IS TO BE WORN AT ALL TIMES WHEN PARTICIPATING IN ANY EQUESTRIAN ACTIVITY. RIDER'S WHO REFUSE TO WEAR PROTECTIVE HEAD GEAR WILL NOT BE ALLOWED TO PARTICIPATE IN ANY EQUESTRIAN ACTIVITIES.

FURTHER, in the consideration of allowing me to participate in such activities, the undersigned hereby expressly agrees to indemnify and save harmless the release from any and all claims or damages, (including cost and expenses of defending any claims or lawsuits) which might be made against release by reason of , or in any way arising out of such equestrian activities, including any claims or losses to or caused by other riders, users, guest, invitees, or persons incidentally involved in activities or on said premises, or any combination thereof.

The undersigned further declares and represents that no promise, inducement, or agreement not herein expressed had been made to the undersigned and that this release contains the entire agreement between two parties hereto and that the terms of this release are contractual and not a mere recital.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Date this _____ day of _____, 20__

If under 18, Parent/ Guardians Signature Required

Rider's Name: _____ Rider's Age: _____

Riders Experience: BEG. /INT. /ADV. (circle one)

Rider /Parent Signature* (if under 18) _____

Rider/ Parent Phone Number: _____

Address: _____

E-Mail: _____