



Camper Contact & Medical Form

Camper Information

Name: _____ Age: _____

Gender: Female Male

T-Shirt Size (Circle one): YS (7-8) YM (10-12) YL (14) AS AM

Riding Experience:

- Beginner (little to none)
- Novice (walk, posting trot)
- Intermediate (walk, trot, canter, small jumps)
- Advanced (walk, trot, canter, course of jumps)

Where did you hear about Raynham Stables Summer Camp?

Contact Information

Parent/Guardian

Name: _____

Address: _____

_____ Postal Code: _____

E-mail: _____ Home#: _____

Work #: _____ Cell #: _____

Emergency Contact (will only be used if parents cannot be reached)

Name: _____ Relationship to Camper: _____

Home#: _____ Cell#: _____

Medical Information

Name of Doctor: _____

Phone #: _____ Heath Card # _____

Does the camper have any allergies? Yes No If yes, please list:

Will he/she carry an epi-pen Yes No

Will the camper be taking any medications during camp hours? Yes No

If yes, please send written instructions with medications

Please list any other physical, mental or emotional concerns we should be aware of:

Agreement for Acceptance of Risk and Waiver of Liability

On my behalf and on behalf of any minor children participating in these activities, for which I am legally responsible, I agree to the following:

I acknowledge the risks involved in riding and working around horses, which include bodily injury from 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 show and competition and that no amount of caution, experience or instruction can eliminate all risks.

Name (Parent/Guardian if under 18): _____, hereby agrees to hold harmless and indemnify farm and owner Raynham Stables, Lindsay Mahon AND/OR any Staff and further release from any and all liability or responsibility from accident, property damage, injury, expense or death, to the undersigned or to any family member or spectator accompanying the undersigned on the premises of Raynham Stables due to any cause whatsoever.

I acknowledge that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my next of kin, heirs, executors, administrators, assigns and/or representatives. I have read and understand the rules required to ride at Raynham Stables.

Signature of Parent/Guardian required for participants under the age of 18

Signature: _____ Date: M____/D____/Y____

Witness Signature: _____

In the course of all program activities, photos may be taken and audio-visual recordings may be made. Raynham Stables reserves the right to use all photographs and videos of all our programs, participants, special events and facilities for promotional purposes. Do you give permission for your child to be a part of our promotional materials?

Yes No