



# Camper Contact & Medical Form

## Camper Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_  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 Day Camp?

\_\_\_\_\_

## Session Extras:

Helmet Rental:         \$20/session

Before & After Care:  Before Care: 7:30am - 8:45am - Complementary

After Care: 4:15pm - 6:00pm - \$60/session/family if booked in advance, otherwise \$10/day)

## 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:

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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 instructions with medications)*

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

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### **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 name 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***

Name of Minor Child: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

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