



2800 Street Road, P.O. Box 1001
 Warrington, PA 18976
 Phone: (215) 918-1001 Fax: (215) 918-9080
www.specialequestrians.org
 E-mail: info@specialequestrians.org

2018 SUMMER CAMP REGISTRATION

Camper's Name: _____

Parent/Guardian's Name: _____ Relationship: _____

Parent/Guardian Signature of consent: _____ E-mail: _____

Address: _____

Home Phone: _____ Cell or Work Phone: _____

D.O.B.: _____ Height: _____ Weight: _____ T-shirt size: _____

All camp sessions run 9am-2pm, with a Horse Show on Friday. Please circle week(s):

Camp Week 1 August 6-10, 2018

Camp Week 2 August 13-17, 2018

Camp Week 3 August 20-24, 2018

Session: \$300 (\$250 per session if enrolled for more than one week).

Please include payments with registration. All paperwork due by May 26, 2017. No refunds after June 23, 2017.

All camps are open to children ages 10 to 16 years. All campers new to Special Equestrians should complete the New Camper Questionnaire.

Method of payment (circle one): Check Cash Credit Card: _____ Exp. _____

Diagnosis (if applicable): _____

Ambulatory Status (circle one): Independent Cane Crutches Walker Wheelchair

Sitting Balance (circle one): Poor Fair Good Excellent

Has the rider had a problem and/or surgery in the following areas? If yes, please comment, using the back of the form if necessary.

Areas	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Neurological			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Coordination			
Balance			

Allergies: _____

Medications: _____

Any there any other medical conditions or special precautions we should be aware of? _____

May we contact the participant's physician if additional information is needed for safety precautions? Y / N

Emergency Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Health Insurance Co: _____ Policy#: _____

RELEASE AND HOLD HARMLESS AGREEMENT (MANDATORY)

"You assume the risk of equine activities pursuant to Pennsylvania Law."

The program at **SPECIAL EQUESTRIANS** provides therapeutic riding and hippotherapy for disabled children and adults. Volunteers and horses are carefully selected and trained and safety equipment is required for all students/clients/riders since horseback is a risk exercise.

No client/rider/student will be accepted for riding services and no volunteer accepted for service until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the parent(s) or guardian(S) of a minor, or if the rider/student or volunteer is of legal age and sound mind, by the student/client/rider or volunteer (all referred to below as "Participant").

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding and working around horses. This includes bodily injury from horseback riding or being in close proximity to horses. Among other risks, both horse and Participant can be injured in normal use or in competition and schooling.

I acknowledge the risks and potential for injury that may occur with the activities of horseback riding and working around horses, and I have discussed these risks with my child/and his/her/my physician. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. Therefore I agree to be legally bound for myself (or for my son/daughter/ward) heirs, executors, administrators successors and assigns and do hereby agree to release, hold harmless and indemnify **SPECIAL EQUESTRIANS**, its Board of Directors, Instructors, Therapists, Aids, Volunteers, Employees, and their successors and assigns, Township of Warrington, its Commissioners, Employees, Supervisors, and Associates harmless of any claim for loss, injury or damages of every kind and nature whatsoever while at the **SPECIAL EQUESTRIANS** facility located on 2800 Street Rd. in Warrington, PA 18976 or while off the property in conjunction with a **SPECIAL EQUESTRIANS** event or show.

Photo/Website Release

Required--Please check one: I do I do not

Consent to and authorize the use and reproduction by Special Equestrians of any and all photographs and audio-visual materials for promotional printed/web purposes, teaching seminars, and exhibition display.

ACCEPTANCE OF RELEASES

I have read and understood the Hold Harmless Agreement and Photo/Website Release.

Print Parent/Guardian Name _____

Relationship to Participant _____

Parent or Guardian Signature _____ Date _____