

EQUESTRIAN QUEST
2009 SUMMER CAMP REGISTRATION FORM

4355 County Road 426 North
Geneva, Florida 32732
407-349-9706

NAME: _____ AGE _____

EXPERIENCE IF ANY _____

EMAIL ADDRESS _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

DAY PHONE _____ EVENING PHONE _____

EMERGENCY CONTACT _____ PHONE _____

CAMP DATES I WILL ATTEND: _____ TIME: 8:30AM – 12:00PM

(CIRCLE DESIRED DATE(S))

JUNE 15-19 JUNE 22-26 JULY 13-17 JULY 20-24

SUMMER CAMP WILL BE SUPERVISED BY TWO PROFESSIONAL RIDING INSTRUCTORS. EACH DAY THERE WILL BE HORSEBACK RIDING, HORSE CARE AND SAFETY, SWIMMING, AND LOTS OF FUN ACTIVITIES.

COST OF CAMP IS \$225/WEEK OR \$400/2 WEEKS, DUE AT REGISTRATION. REFUNDS WILL NOT BE MADE UNLESS THE SCHEDULED WEEK IS CANCELLED, OR AT THE DISCRETION OF EQUESTRIAN QUEST.

BRING: RIDING CLOTHES (SAFETY HELMET, HARD-SOLED SHOES, LONG PANTS), LUNCH, PLENTY OF WATER, AND SWIMSUIT/TOWEL. EVERYTHING ELSE IS PROVIDED, INCLUDING SNACKS.

Under Florida Law, an Equine facility is not liable for any injury to a participant in an Equine activity.

Equestrian Quest Stables, its staff, or volunteers will not be held responsible for injuries which may occur during attendance at summer camp.

I understand I am responsible for my own health insurance to cover any injuries while attending Equestrian Quest Stables, Summer Camp.

PARENT/GUARDIAN _____ DATE _____