

Silver Dollar Stables, LLC
Summer Horse Camp
REGISTRATION AND PAYMENT FORM

(Please complete a separate form for each child attending camp)

Camper's Name _____ Current Age _____ Camper's Birthdate: _____

Street Address _____

City/State/Zip _____

Please Check the sessions that your child will attend:

- June 29 – July 3 (Ages 8+ can canter)
- July 6– July 10(Ages 5+)
- July 20 – 24 (Ages 5+)
- July 27– July 31 (Ages 5+)
- August 3 – Aug 7 (Ages 5+)
- August 17 – August 21 (advance camp, canter and jump)
- August 24 – August 28 (Ages 8+)

Camp Runs from 9-3

_____ Total number of weeks @ \$700 each

\$ _____ \$300 Deposit (to be paid in advance to reserve spot, non-refundable)

\$ _____ Balance owed (due on or prior to child's first day of camp)

Please make check payable to:

Silver Dollar Stables, LLC
315 Cranbury Road
West Windsor, NJ 08550
Silverdollarride@Gmail.com
Zelle: silverdollarride@aol.com

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Email _____

Work Phone: _____ Cell Phone: _____

Parent or Guardian Signature: _____ **Date** _____

CAMPER NAME: _____ CAMP SESSION: _____

Silver Dollar Stables, LLC Summer Horse Camp HEALTH HISTORY FORM

Camper Name _____ Date of Birth _____ Sex _____

PARENT/GUARDIAN: _____

Home Address

_____ Street & Number City State Zip

Home Phone # _____ Work or Cell # _____

SECOND PARENT/GUARDIAN/SPOUSE: _____

Home Address _____

Street & Number City State Zip

Home Phone # _____ Work or Cell # _____

If parent/guardian not available in an emergency, notify:

Name _____

Address _____

Street & Number City State Zip

Home Phone # _____ Work or Cell # _____

PHYSICIAN/INSURANCE INFORMATION

Name of dentist/orthodontist _____ Phone # _____

Name of family physician _____ Phone # _____

Date of last physical examination _____

Do you carry family medical/hospital insurance? Yes No Insurance Carrier

Policy # _____ Group # _____ Name of Policy Holder _____

CAMPER NAME: _____ CAMP SESSION: _____

HEALTH HISTORY/INFORMATION

Allergies/Dietary Restrictions Please list any allergies that your child may have (including food, chemical, animal, and environmental).

Please list any important dietary restrictions

Prescriptions

Does your child bring any prescriptions to camp? No Yes (if yes, please specify dosage instructions)

Immunizations:* Please attach your child's immunization record.

Please give the date of your child's last tetanus shot: _____

Has your child been administered all of the necessary immunizations? Yes No

If not, please make sure that your child's immunization record is up to date before his/her arrival at camp.

Please note that immunization records are required. Applications cannot be processed without this information.

Diseases/Disorders

Has your child ever been hospitalized? Yes No

If yes, please explain: _____

Has your child had any serious injuries or disabilities? Yes No

If yes, please explain: _____

Please check if your child has had any of the listed diseases or disorders:

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Psychiatric Treatment | <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Heart Disease/Defect |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes/Hypoglycemia | <input type="checkbox"/> Bleeding/Clotting |
| <input type="checkbox"/> Other: _____ | | | |

Are there special limitations on activities or other physical/emotional considerations that we should be aware of regarding your child? Please explain.

*******PLEASE SIGN BELOW*******

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Authorization for Treatment: I have custody of this child and hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Signature of parent or guardian _____

If for religious reasons you cannot sign this, the camp should be contacted for a legal wavier, which must be signed for attendance.

CAMPER NAME: _____ CAMP SESSION: _____

Silver Dollar Stables, LLC
Summer Horse Camp
PERMISSION, WAIVER & RELEASE FORM

Camper's Name _____ Camp Dates Attended: _____

Child Pick-Up & Release

For security reasons Silver Dollar Stables, LLC (SDS) will only release campers to the individual's named on this form. SDS may request to see a photo ID. Names of those individuals SDS may release my child to. This includes all parents: (Please Print)

Camp Waiver

I am the parent or guardian having control or custody of the above named child. I hereby grant my child permission to attend SDS Summer Horse Camp. I certify that my child is physically and mentally fit for all camp activities and will obey all camp counselors and rules. I give my permission to use pictures in which my child is a camper to appear in brochures, flyers or other promotional literature published and used by SDS. I grant my permission in case of injury, accident, or illness for my child to be treated by a licensed physician and I agree to pay for all such treatment. Further, *I RELEASE SDS, AND ITS OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, EMPLOYEES AND VOLUNTEERS, FROM ANY AND ALL RESPONSIBILITY, LIABILITY, OR CLAIMS (INCLUDING ANY OF SUCH BASED UPON THEIR ALLEGED NEGLIGENCE), FOR PERSONAL INJURY, DAMAGES, ACCIDENT, OR ILLNESS INCURRED BY MY CHILD, ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY ACTIVITY AT OR CONNECTED WITH SDS.*

Parent or Guardian Having Custody And Control:

Witness: (Does not have to be a notary.)

Signature

Signature

(Name Printed)

(Name Printed)

Date: _____

Date: _____

Day Camp Horseback Riding Waiver

Campers will be participating in horseback riding as an activity. This waiver must be signed by all parents/guardians to allow your child to participate in equestrian activities.

I am the parent or guardian having control or custody of the above named child. I recognize that there is certain risk involved in horseback riding and I agree to release SDS from any and all responsibility. I hereby grant my child permission to participate in the SDS Summer Camp horseback riding program.

Signature _____ Date _____