

2020 Horse Sense Camp Registration Packet

Welcome to 2020 Horse Sense Camp!

To finalize registration, please complete, sign & mail all following forms:

- ✓ 2020 Horse Sense Camp Registration
- ✓ 2020 Medical Information Sheet
- ✓ 2020 Informed Consent Form (camp version)
- ✓ Include Copy of Insurance Card



2020 Horse Sense Camp Tuition is \$325.00/Camp Session (Non-Refundable)
IF registration is **RECEIVED BY** June 1, 2020.

**** AFTER June 1, 2020 TUITION INCREASES TO \$375.00****

*Payment must be received within **7 days** of registration, in order to reserve your child's spot in camp. If payment and forms are not received within 7 days of your online registration, Camper will be removed from the sign up list, and may lose their opportunity to participate in camp, as space is limited. You may re-register at that time, IF spots are still available.*

**ALL FORMS & TUTION MUST BE POSTMARKED BY THE FINAL
REGISTRATION DEADLINE:**

JULY 1, 2020

***Camp placement will be first come first serve.
Our space is very limited.***

Tuition Payable By: Check, Cash or Credit Card
(*\$10.00 fee when using a credit card*)

Payable To: Horse 'N Soul

To Pay By Credit Card: Call 724-914-7300

Once completed, please place your forms & payment in Bekah's mailbox at the barn, OR mail to:

Kristen Zanker
4006 Winterberry Court
Canonsburg, PA 15317

*****Please note that your child's placement will be based on the postmarked date*****

2020 Horse Sense Camp Registration

Please provide the following information for Horse Sense Camp 2020.

Please complete one form for each child you are registering.

CAMPER'S NAME _____ Age _____ Phone# _____

Address _____ City _____ State _____ Zip code _____

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

EMAIL ADDRESS (PRINT CAREFULLY) _____

Ability Level Check-List

Please mark the box that best describes your child's riding experience

Do you own a horse? YES NO

- My child is a beginner rider, and has no experience with horses at all. He/She does not know how to care for a horse.
- My child is a beginner rider with walk, trot experience only. Just a few times on a horse. Basic horse care only.
- My child rides in a lesson program, and can walk/trot with ease. He/She is comfortable taking care of a horse.
- My child rides in a weekly program, and can walk/trot/canter & care for & tack their own horse.
- My child can ride at walk/trot/canter and has had some basic jumping lessons. They can tack their own horse.
- My child is experienced, and can walk/trot/canter, with jumping and dressage experience.

Camp Sessions

Monday, July 20, 2020 – Friday, July 24, 2020

Horse Sense Camp 2020 tuition is **\$325 Per Session** (if received by June 1, 2020). Tuition payment must be sent along with the completed forms, and can be paid by cash, credit card or check, payable to Horse 'N Soul.

****PLEASE NOTE: AFTER JUNE 1, 2020 TUITION WILL INCREASE TO \$375.00****

Note: Once received, tuition is non-refundable.

**ALL FORMS & TUTION MUST BE POSTMARKED BY THE FINAL
REGISTRATION DEADLINE:**

JULY 1, 2020

2020 MEDICAL INFORMATION SHEET

Thank you for sending your child to Horse Sense Camp. Below is a checklist for you to complete. This information will be used by the Horse 'N Soul Staff & Doctors in case of an accident or injury during camp. **NOTE: A copy of your insurance card is required. Please copy your card and attach it to this form to use in an emergency.**

Thank you for your time in helping us care for your camper's needs. Please print clearly.

CAMPER'S NAME _____ **Date of Birth:** _____ **Age** _____

Address _____ City _____ State _____ Zip code _____

Home Phone# _____

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

Doctor's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Please list any and all medical conditions ~ include mental & physical disorders treated at any time within the past year that Horse 'N Soul should be aware of:

My child is currently taking medication(s) list all below...

Medical condition: _____ Medication taken: _____

Medical condition: _____ Medication taken: _____

Medical condition: _____ Medication taken: _____

Is your child allergic to bee stings/insect bites? **Yes** **No**

If yes, please send Epi-Pen with your child.

Is your child allergic to any medicines or foods? **Yes** **No**

If yes, please list allergy & reaction _____

Is your child asthmatic? **Yes** **No**

If yes, please send inhaler with your child.

***Medications and conditions are very important for the Camp to know, as they may interfere with riding ability. Please call us if the above medication needs to be taken during camp time. Horse Sense Camp is not equipped to handle some medical conditions which may require more assistance than the Staff can provide. When in doubt, please call before registering your camper.**

All information is kept private unless an emergency arises. This sheet will be given to the attending Doctor in case of an emergency.

As the parents of the above child, you agree to carry medical insurance on your child. The Camp will NOT insure riders or spectators. All medical bills will be the responsibility of the Parent/Guardian of the camper.

I have read, understand, and have filled out these forms to the best of my knowledge.

X Mother of Camper Signature: _____

X Father of Camper Signature: _____

If either parent above is deceased, please note in signature line. Make special notation if someone other than the biological parents have custody of this camper.

Informed Acknowledgement of Risk Form for Horse 'N Soul

(Please read entire document and sign/fill in where highlighted)

As a condition to my accepting to participate I hereby acknowledge that I participate at my own risk and that I am aware that activities involving horses can be hazardous and that Horse 'N' Soul, Inc., Paradise Hills, LLC and their servants (collectively, hereafter, HNS) accept no responsibility or liability for any injury or loss that I might sustain as a direct or indirect consequence of participation in any activity whether such injury is a consequence of any act or omission by HNS or its servants, agents, representatives or volunteers. I declare that I am in sound condition and undertake participation with the knowledge of the physical demands required. I consent to receiving any medical treatment, including ambulance transportation that HNS thinks desirable during or after participation. I acknowledge that the safety precautions undertaken by HNS are a service to me and other participants but are not a guarantee of safety. I understand that horses are unpredictable by nature, that when frightened their instincts area to jump forward or sideways, to run away from danger, to kick, to rear up or to bite.

RIDERS DUTIES:

- I agree that I will not ride if I am under the influence of alcohol and /or drugs.
- While the instructor may also inspect the riding equipment from time to time, I agree that I will be ultimately responsible for checking my equipment, including the saddle, and if there are any problems or the saddle becomes loose, I will tell my instructor immediately.
- I agree to follow by instructor's instructions at all times.
- I agree that as a condition of riding I must wear an equestrian approved helmet and suitable footwear.
- I agree that I will be responsible for any injuries to horses, damages to the premises, property owned by others, injuries to any riders or pedestrians, which I may cause by negligent, reckless or irresponsible conduct.

All minors must have a parent or guardian sign this acknowledgement and indemnity for them. If additional space is needed, please make copies of this form or request additional forms.

By signing by name below, either in person or electronically by one of my representatives, I hereby agree to comply with all of the terms and conditions stated above.

HNS is in compliance with Pennsylvania Equine Liability Immunity Act, P.L. 472, No. 93 Ch 42, which states that liability for negligence shall be barred where the doctrine of knowing voluntary assumption of risk is proven with respect to damages due to injuries or death to an adult participant resulting from equine activities.

Privacy Statement – Privacy Act 1998

By completing this form you are supplying HNS with personal information about yourself. This information is needed to ensure your safety during your time with us. HNS is required to collect this information by our insurance company and by the Department of Workplace Health and Safety. The information you provide will not be supplied to any other organization or used for any other purpose that which is stated above.

I HAVE CAREFULLY READ THIS ACKNOWLEDGEMENT AND INDEMNITY. I UNDERSTAND IT, AND VOLUNTARILY AGREE TO ALL OF ITS TERMS. I UNDERSTAND THAT THESE TERMS APPLY TO ME EVERY TIME I PARTICIPATE AT HORSE 'N SOUL/PARADISE HILLS.

*Today's Date:

*Print Name of Rider/Volunteer:

*Print name of Parent/Guardian:

*Signature of Parent/Guardian:

***Photo Release**

To promote our facility, equine assisted activity education, and share the meaningful work done at Horse 'N Soul Riding Academy Inc., we sometimes share photos and stories of our lessons and events with local schools, groups, media and website. We hope you will give your consent to be included in Horse 'N Soul's positive publicity.

I Do I Do Not

Consent to and authorize Horse 'N Soul Inc. use and reproduction of any and all photographs and any other audio/visual materials taken of me, my child in my guardianship for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature:

Date: