

Shadow Glen Family Stables  
Summer Camp Registration Form

General Information:

\_\_\_\_\_  
Last First M/F?

\_\_\_\_\_  
Address: Street, City, Zip

\_\_\_\_\_  
Contact Phone Number: Emergency Contact Number: (must have 2 different #s)

\_\_\_\_\_  
Date of Birth: Approximate Height and Weight

\_\_\_\_\_  
Name of Parent or Guardian: Daytime Phone Number:

\_\_\_\_\_  
Name of Alternate Parent or Guardian: Daytime Phone Number:

Please write the beginning date of the camp you would like to enroll your child in:  
**(Please be sure to indicated two options. We will always try to honor you first choice, but in the event that week is full, having an alternate will make sure your child gets at least one of the weeks desired.** If mailing / emailing you will receive a confirmation telephone call or e-mail indicated what week your child was enrolled in.)

Option 1: \_\_\_\_\_ Option 2: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

For parents enrolling children in advanced camp, please fill out the portion below, for parents not enrolling in advance camp, please skip the next area.

**For Parents Enrolling Children In Advanced Camp:**

Please note: Children who are signed up for advanced camp and have not attended Shadow Glen Stables camps or lessons are subject to confirmation of experience. Please use the space below to list the facilities, name of instructor, telephone number and type of program (lessons, summer camp,) the child was enrolled in. Also include a date range to indicate what duration of time the child attended camp. (Please use the spaces provided below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health and Medical Information: (Child must be medically insured to participate in camp. Medical Insurance is not provided by Shadow Glen Stable)**

\_\_\_\_\_  
Name of Medical Insurance Provider: Medical Record / Group Number:

Please list any medical/physical conditions we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications your child is currently taking or will be taking at the time camp begins:

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Who should we contact in the event one or both parents/guardians are unavailable? Please include a contact phone number:

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**Riding History:**

Please briefly describe your child's riding experience: (Lessons? English or Western? Trail Rides? Etc.)

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What are your child's goals related to horses? (Learn more about them? Overcome a fear? Eventually own one? Etc.)

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**I. Authority to Enroll/Financial Responsibility/Right to Expel**

1. *The undersigned represent that I/we are the parent(s) or legal guardian(s) of (camper's name)\_\_\_\_\_ and have authority to enroll him/her in the camp program under the terms of this agreement. (Both mother and father must sign this contract unless legally separated or divorced, and the signing parent has sole custody). I have read and am in agreement with the terms of this application, and agree to pay all fees specified therein by the dates indicated. Shadow Glen Family Stables (hereinafter called "the camp") for any necessary out of pocket expenses advanced by the camp on the camper's behalf. In the event of default in timely payment of fees and costs agreed to in this contract, I agree to pay the camp's reasonable attorney's fees and collection costs.*
2. *I understand and agree that no portion of the camp fee will be refunded after the date listed as the "Last Day for Refund". I understand and recognize the right of the camp to expel (without refund) any camper who willfully engages in any activity which jeopardizes his or her own safety or the safety of others. I/We have taken or will take the time to explain these responsibilities and the consequences to my/our child.*
3. *I grant permission to use any photographs or video, which include my child in camp's promotional materials.*

**II. Participant Agreement and Acknowledgement of Risk**

In consideration of the services of Shadow Glen Stables, its agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "the camp"), I hereby agree to release and discharge the camp on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. *I acknowledge that many camp activities involve strenuous physical exercise, and entail known and unanticipated risks which in rare instances could result in serious physical or emotional injury, paralysis, or death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the program. These activities include, but are not limited to, horseback riding, horse management, swimming. There are trips to remote areas which do not afford prompt communications with camp or with rescue or medical facilities, and from where evacuation can take time. Furthermore, counselors and instructors have difficult jobs to perform. They seek safety, but are not infallible. They might misjudge a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.*
2. *To the extent allowed by law, we the undersigned waive, release, forever discharge and agree to indemnify and hold harmless the camp from all rights and claims for damages, injury or loss to person or property which may be sustained or occur while at camp, or in any activity which is in any way connected with camp, or any use of its equipment or facilities, including such claims which allege negligent acts or omissions by the camp. In addition, the camp does not maintain locked gates, and does not represent that it can properly supervise or restrain a minor who wishes to run away. The undersigned understand(s) that the camp cannot be responsible for a camper who*

leaves camp without permission. Except as disclosed to the camp in writing, the undersigned represent that the camper has no abnormal physical or mental condition, which has not been disclosed. Any condition disclosed must be accompanied by a doctor's certificate attesting to the camper's ability to participate.

3. Should the camp or anyone acting on behalf of the camp be required to incur attorney's fees and costs to enforce this agreement, the undersigned agree to indemnify and hold them harmless for all such fees and costs. In consideration of the applicant, who is a minor, being permitted by the camp to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless the camp from any and all claims which are brought by, or on behalf of, the applicant, and which are in any way connected with such use or participation by the applicant.
4. I certify that I have adequate insurance to cover any injury or damage the applicant and applicant's horse may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself.
5. By signing this document, I acknowledge that if anyone is hurt or property is damaged during the applicant's participation at camp, I may be found by a court of law to have waived my right to maintain a lawsuit against the camp on the basis of any claim from which I have released them herein.
6. If any provision of this contract is held to be invalid or unenforceable, all other provisions shall nevertheless continue in full force and effect.
7. The undersigned agree that this contract shall be deemed to have been entered into in Sacramento County, California and that Sacramento County, California is designated as the proper venue and jurisdiction for the adjudication of any disputes arising out of this contract, and that the laws of the State of California shall apply. The terms of this contract shall be binding upon the heirs, executors, administrators, successors and assigns of the parties hereto.
8. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Alternate Parent or Guardian (must be signed if custody is shared)

\_\_\_\_\_  
Date:

**Important Dates:**

- Camp Registration begins April 1
  - ~~175~~ deposit due AT REGISTRATION and is **NOT** REFUNDABLE or TRANSFERABLE for ANY REASON.
- Balance is due the first day of camp – no exceptions
  - After your child has started camp, there are no refunds for unused portions of the week unless it is with a doctor's note indicated the child cannot complete camp
- On Friday campers will do a "Show What You Know" demonstration and certificate presentation to end camp. Exact times will be announced on the Thursday before,

**Important Details:**

- ~~\$175~~ non refundable deposit is due with registration for camp
  - Registration forms that are not accompanied by payment will be returned to sender
- The remaining balance for camp is due on the first day of camp
- After the child is signed in for the first day of camp there are NO REFUNDS even if the child chooses not complete camp or is expelled from camp

If you are unsure whether or not your child qualifies for Shadow Glen Stables Advanced Summer Camp, please call our office for additional assistance. (916) 989-1826