

2014 Horse Camp Registration Form

12889 Parker Ave., Pine, CO 80470
www.CentaurRising.org/page/horse_camp.html
303 838-5086



Camper's Name: _____
 Street Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Birth Date: _____ School: _____
 Mother's Name: _____ Day Phone: _____
 Father's Name: _____ Day Phone: _____
 Cell Phone(s): _____
 E-mail Address: _____

If the person responsible for payment is not above or if his/her address is different, please check here and clarify on the back of this form.

Deposit enclosed \$ _____ cash check credit card

Credit Card#: _____ Exp: _____

Name of Card Holder: _____

Signature: _____

New student New family

Circle the rate to the right of the session(s) you wish to attend. Return a \$100 deposit by the deposit due date (DDD) for each week selected.

	Due Date	Basic	Intensive	Advanced	Dressage
Mar. 25-27	3/20	\$250			
June 10-12	6/1	\$250			
June 17-19	6/1	\$250	\$350		
June 24-26	6/1	\$250		\$350	
July 8-10	7/1	\$250			
July 15-17	7/1			\$350	\$400
July 29-31	7/1	\$250	\$350		
Aug. 5-7	8/1			\$350	\$400

Little Kids' Camp

June 10	Tues	6/1	\$50AM	\$50PM	\$90 all day
June 11	Wed	6/1	\$50AM	\$50PM	\$90 all day
June 12	Thurs	6/1	\$50AM	\$50PM	\$90 all day
July 8	Tues	7/1	\$50AM	\$50PM	\$90 all day
July 9	Wed	7/1	\$50AM	\$50PM	\$90 all day
July 10	Thurs	7/1	\$50AM	\$50PM	\$90 all day
July 29	Tues	7/1	\$50AM	\$50PM	\$90 all day
July 30	Wed	7/1	\$50AM	\$50PM	\$90 all day
July 31	Thurs	7/1	\$50AM	\$50PM	\$90 all day

Please plan for your camper to be here from 9:00 am to 3:00 pm each day. With the exception of Little Kids' Camp, supervision can also be made available from 7-9am and/or from 3-6pm for those who circle "AM" or "PM" to the right below. Please add \$5 for each AM and PM circled.

What time can we expect you to bring your child in the morning? _____ Extended Care Needed
 What time can we expect you to pick your child up in the evening? _____ Tues AM PM
 Are you in a position to help neighboring campers get to/from camp? yes no Wed AM PM
 Thurs AM PM

What else do we need to know to make your child's experience a most rewarding one? _____

Medical: Known allergies or medical conditions we should be aware of: _____

I authorize Centaur Rising to arrange for emergency medical transport and treatment for my child should the need arise. yes no
 I give my permission to have photographs, drawings or videos of my child participating in camp to be used for promotional purposes
 child not identified by name yes no
 child identified by name yes no

Deposit Due Dates: The enrollment deposit for all camps and all campers is \$100 per session of camp (not to exceed the full amount in the case of Little Kids' Camp). Deposit due dates are listed above. The balance is due on the 1st day of camp.

Refunds: No cash refunds will be made in the event of cancellation for any reason. You may be able to transfer your credits to another week, to another person or to traditional riding lessons if we are notified of your change in plans prior to the deposit due date specified above or if the cancellation is of an emergency nature. Transfer of credits will be done on a weekly basis only and not for daily absences. Any child who, after a parent conference, continues to be unwilling or unable to comply with the rules of the camp will not be allowed to continue. No refund will be given.

Warning: Please be advised that horses are subject to unpredictable acts. They may startle, buck, rear, kick, bite or run away. You are cautioned that the riding of horses is potentially dangerous. Boots with heels and ATSM-approved riding helmets are recommended to help you minimize the risk of serious injury. Riding helmets are required for anyone under the age of 18. We strongly advise the purchase of your own equestrian helmet and that it be properly fitted for you. We cannot be held responsible for the performance of any helmet, particularly one that is not your own. Please understand that you are undertaking this activity at your own risk and that, under Colorado law, an equine professional is not liable for an injury to or the death of a participant in equine activities - due to the inherent risks of such activities (CR5 1 3-21-120). **I have read the above and understand the conditions under which my child is enrolled in this program.**

Parent's signature → _____

Date: _____

Please return this form with your deposit to the address above by the deposit due date. Thank you!!

3/5/14