

# EQUI-VENTURE EQUESTRIAN CENTRE



*EQUI-VENTURE at Gypsy Hill Stables • 1444 Brown Road • Westminster, MD 21158  
443.898.2772*

*MAILING ADDRESS: 85 Pheasant Ridge Road • Hanover, PA 17331  
[www.Equi-VentureEquestrian.com](http://www.Equi-VentureEquestrian.com)*

## HORSE DAY CAMP REGISTRATION FORM

(Please complete a separate form for each individual)

CAMPER'S NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

DATE of BIRTH: \_\_\_\_\_ FEMALE: \_\_\_\_\_ Male: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PARENT'S or GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDITIONAL EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE(S): \_\_\_\_\_

CAMP SESSION(S): Dates \_\_\_\_\_ through \_\_\_\_\_

**Full Day Camp**

**Half Day Camp** Time: \_\_\_\_\_

**Mini-Camp** Days: \_\_\_\_\_ Time: \_\_\_\_\_

**Adult Camp** Days: \_\_\_\_\_ Time: \_\_\_\_\_

**BEFORE CAMP CARE NEEDED (6:30 - 7:30 AM) @ \$5 per day: Yes \_\_\_ No \_\_\_**

Circle Days Needed **Week 1:** M T W TH F **Week 2 (if doing 2 week camp):** M T W TH F

**AFTER CAMP CARE NEEDED (6:00 - 7:00 PM) @ \$5 per day: Yes \_\_\_ No \_\_\_**

Circle Days Needed **Week 1:** M T W TH F **Week 2 (if doing 2 week camp):** M T W TH F

**TEE SHIRT: FREE** tee shirts are available for Campers that are registered at least 2 weeks prior to the Camp start date. Some sessions are eligible for **FREE** EVEC caps as well. If a camper registers or has a balance after the due date; tee shirts will be available for purchase. Other logo items may also be purchased. Please visit our website for items and descriptions and costs. All proceeds are donated to our Horse Rescue.

**TO REGISTER:** Registration is on a first come; first served basis. All completed registrations, financial assistance and / or payment arrangement applications and forms must be mailed or brought to the stable's office. **Please allow an extra 5 days to process financial assistance and/or payment arrangement applications.** Financial Assistance and/or payment arrangement vouchers will be emailed to those that are approved or they may be picked up at the stable office. Complete the registration packet and include full payment or the required deposit per session for each child along with any financial assistance or payment arrangement voucher. Unless a voucher indicates otherwise; a minimum 50% deposit per child is required at the time of registration; with payment in full due two weeks prior to the camp's start date.

**FINAL PAYMENTS ARE DUE TWO WEEKS PRIOR TO THE FIRST DATE OF THE REGISTERED SESSION.**

\$ \_\_\_\_\_ for Session # \_\_\_\_\_ = \$ \_\_\_\_\_  
 \$ \_\_\_\_\_ for Session # \_\_\_\_\_ = \$ \_\_\_\_\_  
 \$ 5 for Before Care X \_\_\_\_\_ days = \$ \_\_\_\_\_  
 \$ 5 for After Care (1 hour) X \_\_\_\_\_ days = \$ \_\_\_\_\_  
 \$ 10 for After Care (2 hours) X \_\_\_\_\_ days = \$ \_\_\_\_\_

**TOTAL DUE** = \$ \_\_\_\_\_

\$ \_\_\_\_\_ **50% Deposit** **CREDIT \$** \_\_\_\_\_

**BALANCE DUE** = \$ \_\_\_\_\_

<b>TEE SHIRT INFO: SIZE</b> _____  <b>COLOR</b> _____	<b>CAP INFO: COLOR</b> _____ (If offered)
<b>OTHER ITEMS (Please indicate size and color):</b> _____  _____	

1. If registration is received after a session is full, registrants will be contacted with the option of registering in another open session or being placed on a waiting list.
2. Registration deposits received after a session is full will be refunded or applied to another open session of the registrants choice.
3. Session fees will NOT be refunded for early departure or cancellations received less than 3 weeks prior to camp.
4. Cancellations must be received in writing via mail or email.

**I understand the policies regarding registration and fee payments.**

\_\_\_\_\_ **Camper or Parent/Guardian of Camper** \_\_\_\_\_ **Date**

<b>PAYMENT and MAILING INFORMATION</b>
<b>Payments Made Out To:</b> Equi-Venture Equestrian Centre <b>Mailed To:</b> Equi-Venture Equestrian Centre 85 Pheasant Ridge Road Hanover, PA 17331 <b>Hand Delivered To:</b> Equi-Venture Equestrian Centre 1444 Brown Road Westminster, MD 21158

<b>FOR EVEC STAFF USE ONLY</b>
<b>Date Received:</b> _____ <b>Payment Amount:</b> \$ _____ <b>Balance Due Date:</b> _____ <b>Balance Amount:</b> \$ _____  <b>Donation to our Horse Rescue</b> <b>(even a small amount will help)</b> = \$ _____

# CONSENTS FORM

## Consent for Medical Care

In the event my child becomes ill or injured, I understand that every effort will be made to reach me or my emergency contact on file. I give my consent for Equi-Venture Equestrian Centre's camp staff to act on my behalf to obtain emergency medical care and treatment if deemed necessary for my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Consent for Medication Administration

It is EVEC policy to secure your consent for ANY medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by designated staff. You must complete and sign the following statement:

\_\_\_\_\_ No Medication will be brought.

\_\_\_\_\_ I want the medication or medical device administered by a staff person. However, a limited amount of medication for life threatening conditions may be carried by my child (e.g., bee stings kits, inhalers).

Instructions: \_\_\_\_\_

In addition to the above, I understand that any and all medication must be in a medicine bottle and clearly marked as to the name of the medication, amount to be taken and how, the time to be taken, and any other special instructions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Consent for Adult Other Than Parent or Guardian To Pick Up Child

If another adult such as a grandparent or carpool partner will be picking up your child during the week, please indicate which days: Week 1: M T W TH F

Week 2: M T W TH F

Name of Adult(s) : \_\_\_\_\_

Relationship to Parent/Guardian \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

The above listed adult has my consent to pick up my child from the Equi-Venture Equestrian Centre Horse Day Camp. He or she and I understand that proof of identification will be required.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Consent for Camp Photos to be Used for Marketing Purposes

\_\_\_\_\_ I do give permission for my or my child's photo to be used in Equi-Venture Equestrian Centre Horse Day Camp marketing, including on their website. I understand that my child will not be identified by full name.

\_\_\_\_\_ I do not give permission for my or my child's photo to be used in Equi-Venture Equestrian Centre Horse Day Camp marketing materials.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# HORSE DAY CAMP HEALTH HISTORY QUESTIONNAIRE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last, First, Middle Initial

Sex: \_\_\_F \_\_\_M Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work/Cell (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work/Cell (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Name of Physician/Clinic \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

## IMMUNIZATION RECORD

<b>Vaccine Dates:</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>
DTP (diphtheria, tetanus, pertussis)	_____	_____	_____	_____	_____
Polio (oral Sabin)	_____	_____	_____	_____	_____
Hib	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____
MMR (measles, mumps, rubella)	_____	_____	_____	_____	_____
Varicella/Chicken Pox	_____	_____	_____	_____	_____

Has your child ever been hospitalized or had major surgery? \_\_\_Yes \_\_\_No

Please explain any significant operations, accidents, or illnesses, and last medical attention and reason: \_\_\_\_\_  
\_\_\_\_\_

Any physical conditions requiring special consideration? \_\_\_\_\_

A physical exam is recommended within 24 months of camp. Date of last physical exam:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Current Medications? \_\_\_\_ Yes \_\_\_\_ No If Yes, please list: \_\_\_\_\_

(consent for Medication Administration Form must be completed and signed)

Known Allergies: Food? \_\_\_\_\_

Drugs? \_\_\_\_\_

Insect Bites/Stings? \_\_\_\_\_

Please list Specific allergens/triggers and signs/symptoms to watch for

### **Current Medical Conditions or Has experienced in past:**

<b>CONDITION</b>	<b>SERIOUS</b>	<b>SOME</b>	<b>NONE</b>
Aids/HIV			
Allergies			
Asthma			
Bleeding Disorder			
Cancer			
Colitis			
Diabetes			
Epilepsy/Seizures/Blackouts			
Heart Disease			
Hernia			
High Blood Pressure			
Kidney Disease			
Menstrual Difficulties			
Mental/Emotional Problems			
Neck/Back Pain/Injury			
Rheumatic Fever			
Tuberculosis			
Ulcers			
Other			

# EQUI-VENTURE EQUESTRIAN CENTRE HORSE DAY CAMP CAMPER INTEREST FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_

I am a:

\_\_\_\_\_ Beginning Rider (I have ridden a few times walking and trotting or never ridden)

\_\_\_\_\_ Intermediate Rider (I have ridden in the past, I can walk and trot independently)

\_\_\_\_\_ Advanced Rider ( I can walk, trot and canter)

I have ridden \_\_\_\_\_ English \_\_\_\_\_ Western

I have taken riding lessons \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, for how long? \_\_\_\_\_

What I want to learn at Camp:

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I would like my Camp Instructors to know these things about me:

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**Signed:** \_\_\_\_\_

How did you hear about us?

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