

Equine Adventure Summer Day Camp

at Raemelton Therapeutic Equestrian Center
569 S. Trimble Road – Mansfield

Each day includes:

- U Horseback riding
- U Snacks
- U Arts and Crafts
- U Games and More...



Session 1
6/1/09 – 6/5/09

Session 2
6/8/09 – 6/12/09

Ages 6 - 11
8:00 am – 12:00 pm

Ages 12 – 17
1:00 pm – 5:00 pm

The Equine Adventure Summer Day Camp is open to all children ages 6-17. Each day is filled with interactive activities designed to help children develop their horsemanship skills. Sessions are broken down by age group, so each student gets the most of their camp time.

Cost: \$150.00/session/student – Financial aid is available to those who qualify.

Space is limited to 30 students/age group/session. Sign up today!

For more information, call **419-756-0040** or visit our website at **www.raemelton.org**.

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Day Camp Registration Form **Deadline: 5/22/09**

Please complete the information below. A separate registration form is required for each camper.

CAMPER INFORMATION

First _____ Middle _____ Last _____

Nick Name _____

Gender: ___ Male ___ Female Birth date ____/____/____

Grade (entering Fall 2009) _____ School District: _____

Camper's Street Address _____

City _____ State _____ Zip code _____

Camper's Home Phone _____

Summer address (if different from above)

Street Address _____

City _____ State _____ Zip code _____

Camper's Home Phone _____

Parent/Guardian

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

City _____ State _____ Zip code _____

Home Phone _____ Work phone _____ Cell phone _____

E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

City _____ State _____ Zip code _____

Home Phone _____ Work phone _____ Cell phone _____

E-mail _____

Occupation _____ Employer _____

Camper lives with: _____

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Emergency Contact Information

Emergency Contact #1

First Name _____ Last Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____ Relation to camper _____

Emergency Contact #2

First Name _____ Last Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email _____ Relation to camper _____

Please list those people including parents/guardians who are permitted to pick up your child:

1: _____ 2: _____
3: _____ 4: _____

Camper T-shirt Size

Please Circle one:

Youth: XS S M L Adult: S M L XL

Medical Release Information

Insurance Information

Policy Number _____ Provider Name _____
Family Physician _____
Address _____
Phone _____
Hospital Preference _____

In case of emergency contact:

Name _____ Phone _____
Relationship to Participant: _____

Name _____ Phone _____
Relationship to Participant: _____

Please list any allergies/medical problems, including requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Diagnosis	Medication Dosage	Frequency of Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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PAYMENT INFORMATION

_____ Check _____ Visa _____ MasterCard _____ Financial Aid Needed

Please make your check payable to Raemelton Therapeutic Equestrian Center.

- Payment is due in full with registration.
- If you are in need of financial aid, an application will be supplied to you prior to camp.

REGISTRATION

Please check which session your child will attend.

Session 1: 6/1/09 – 6/5/09

_____ 8:00 am – 12:00 pm (ages 6-11)

_____ 1:00 pm – 5:00 pm (ages 12-17)

Session 2: 6/1/09 – 6/5/09

_____ 8:00 am – 12:00 pm (ages 6-11)

_____ 1:00 pm – 5:00 pm (ages 12-17)

TUITION

Total # of sessions _____ x \$150.00

Balance Due = \$ _____

Please circle how you heard about our Summer Day Camp.

Newspaper Website Schools Community Event Community Announcement
Word of Mouth Other _____

Terms of Participation

- Raemelton Therapeutic Equestrian Center is not responsible for lost or damaged personal property.
- I have enclosed payment and forms by the stated deadlines.
- All scheduled events are subject to change.
- I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders.
- Campers' photos and quotes may be used for publicity purposes.
- I understand and acknowledge the inherent risks associated with participation in equestrian activities as outlined by the Ohio Revised 2305.231 sections (C)(1) and (C)(2) and release Raemelton Therapeutic Equestrian Center, its employees, volunteers and affiliates from all liability now and in the future.
- In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).
- I also authorize and release to the Raemelton Therapeutic Equestrian Center any publication submitted for print in which the Raemelton Therapeutic Equestrian Center may participate.

Signature: _____ Date: _____

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