



Directions: Please Print or type all answers. **Your child will be enrolled after the completed application, health card, rules sheet, and reservation payment are received and if space is available.** All parts of the application must be **completed in full** and **signed**.

Name of parent(s): _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: Home: _____ **Work (Mom):** _____ **Work (Dad):** _____

Mom's Cell: _____ **Dad's cell:** _____ **Email:** _____

If parents are unavailable in an emergency, please contact (Name):

(Relationship to camper): _____ (Phone): _____

If someone other than parents is paying for tuition, please provide the following information:

Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name of Camper 1: _____
(Camper's Last Name) (Camper's First Name) (M.I.)

Birthdate: ____/____/____ **Age:** ____ **Grade (2008-2009):** ____ **Male** **Female**

T-shirt Size: **Sm.** 6-8 **Med.** 10-12 **Lg.** 14-16 **Ad. Med.** **Ad. Lg.**

Name of Camper 2: _____
(Camper's Last Name) (Camper's First Name) (M.I.)

Birthdate: ____/____/____ **Age:** ____ **Grade (2008-2009):** ____ **Male** **Female**

T-shirt Size: **Sm.** 6-8 **Med.** 10-12 **Lg.** 14-16 **Ad. Med.** **Ad. Lg.**

Name of Camper 3: _____
(Camper's Last Name) (Camper's First Name) (M.I.)

Birthdate: ____/____/____ **Age:** ____ **Grade (2008-2009):** ____ **Male** **Female**

T-shirt Size: **Sm.** 6-8 **Med.** 10-12 **Lg.** 14-16 **Ad. Med.** **Ad. Lg.**



Please note that registration is available on a first-enrolled, first-served basis. Camp sessions fill up quickly, so please register early.

*La Hacienda Riding Camp is in session each week, Monday – Friday, including the entire week of July 4.

Total number of weeks applying for: _____

Camp Sessions run from 9:00 a.m. to 2:00 p.m. Monday Friday. Extended care is available for \$10 extra per day, per child, from 8:00 to 9:00 a.m. and/or 2:00 to 3:00 p.m. Registration for extended care must be made in advance. **If you drop your child off before 8:45 a.m. or pick up after 2:00 p.m., you will be charged the \$10 for extended care.**

Extended care required? No Yes Which Day(s)?
 Monday Tuesday Wednesday Thursday Friday

Total # of days extended care: _____ @ \$10 per day per camper = \$ _____ total ext. care



Payment Page La Hacienda Riding Camp 2008

Weekly tuition includes: T-shirt, souvenir photo's CD, craft supplies. **Only one T-shirt will be given to each camper, regardless of number of weeks enrolled.**

Cost of tuition \$ _____

Extended care (\$10 per day, each child) \$ _____

Total \$ _____

- Reservation Fee (\$100 per week, each child) \$ _____

Amount due on first day of camp \$ _____

Note: Your child will be enrolled in summer camp **only** for the week(s) paid in full. **A portion of your Reservation Fee (\$50.00 per child) will be held if your child is withdrawn from camp up to two weeks prior to date of enrollment. After that, no refunds will be issued.**

I authorize the use of still photographs, video, and sound recordings of my child for promotional and advertising purposes relating to La Hacienda Riding Camp and/or La Hacienda Show Stables LLC.

I authorize emergency medical treatment for my child, including transport to the nearest hospital.

I assume all risks and hazards incidental to my child's participation in the activities of the Camp Program and unconditionally indemnify, save and hold harmless, La Hacienda Show Stables LLC, its directors and employees from all claims, suits, actions, and damages relating to personal injury, loss of life, and/or damages to personal property which may be sustained by my child while on or in the vicinity of the premises of La Hacienda Show Stables LLC. I affirm that all information provided on this application is true to the best of my ability, including the age of the camper. I agree to provide proof of my child's age (birth certificate or passport) if asked by the camp director. I understand that misrepresentation may result in my child's dismissal from camp.

La Hacienda Show Stables LLC reserves the right to require the withdrawal of any camper if in the opinion of the camp director such withdrawal is in the best interests of the camp.

I have read and agree to all enrollment conditions.

Parent Signature: _____ **Date:** _____

Office Use Only:

Rec'd _____ Staff: _____ Amt _____ Ck # _____ Sessions 1 2 3 4 5 6 7 8 9 10



La Hacienda Riding Camp 2008 Rules

We anticipate that your child/children will have a great time here at La Hacienda Riding Camp. But, in order for all involved to gain the most from their experience, there are certain rules that all must follow. PLEASE READ THESE RULES TOGETHER (PARENT AND CHILD), SIGN THE DISCIPLINE PAGE, AND ENCLOSE WITH YOUR LA HACIENDA RIDING CAMP APPLICATION. Keep a copy for your records.

At all times:

- * Respect your fellow campers and counselors –misbehavior by one individual disrupts everyone.
- * Remain quiet and listen when your counselors, directors or speakers are talking. They probably have something very important to say.
- * Stay with the group to which you are assigned.

At the pool area:

- * WALK at all times and treat others the way you would like to be treated.
- * No diving.
- * You may only jump in the deep end feet first and face forward.
- * Always listen to the counselors. Listen for the whistle.

This list of rules and expectations is intended as a guideline. Other rules not listed here may be enforced.

They are in place for the safety of the children, for the safety of the animals, for the safety of our other guests, and so that everyone may experience an enjoyable time with us.

Please sign Discipline Policy.

Please read, sign, and return the discipline policy with your application.

Keep a copy at home for your records and return Discipline Policy with your application.

Parent Signature: _____ Date: _____



La Hacienda Riding Camp Health Card

Return this completed form with application

Camper's Name: _____

Address: _____ City _____ St _____ Zip _____

Birthdate: _____ Age: _____ Male Female

Name of Parent(s): _____

Phone: Mom _____ Dad _____

Emergency contact (Name): _____

(Relation to camper): _____ (Phone) _____

Name of Pediatrician: _____

Phone number _____

Date of most recent tetanus (DTP) shot: _____ / _____ / _____

Any physical problems/medication we should be aware of? Yes No

Explain: _____

Allergies? Yes No Explain: _____

Parent Signature: _____ **Date:** _____

I authorize emergency treatment for my child, including transport to the nearest hospital.