

## Summer Equestrian Camp Registration Form

Bridle Paths Equestrian Summer Camp, LLC

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Internet: [www.BridlePathsSummerCamp.com](http://www.BridlePathsSummerCamp.com)

2010 Camp Dates and Fees \$950

- Session 1 June 20<sup>th</sup> – June 25<sup>th</sup>**
- Session 2 June 27<sup>th</sup> – July 2<sup>nd</sup>**
- Session 3 July 4<sup>th</sup> – July 9<sup>th</sup>**
- Session 4 July 11<sup>th</sup> – July 16<sup>th</sup>**

*(To customize your camp stay sessions may be combined by adding the weekend option.)*

**Weekend Options:** Add an additional \$200.00

- Weekend 1 June 25<sup>th</sup> – June 27<sup>th</sup>**
- Weekend 2 July 2<sup>nd</sup> – July 4<sup>th</sup>**
- Weekend 3 July 9<sup>th</sup> – July 11<sup>th</sup>**
- Weekend 4 July 14<sup>th</sup> – July 18<sup>th</sup>**

Camp registration fee is \$350, total fee \$950 (due by June 1). A modified payment schedule may be worked out on an individual basis. Please call for more information.

### Refund Policies

Registration fees refundable only before May 1st.

Refunds are not made after the due date. We do not refund for late arrival or early departure, or for cancellations for any reason, including medical. First Aid rendered by our camp nurse or doctor are included in the fee. Accidents or illness requiring outside care or unusual medicines are parental responsibilities. Camp does not carry health or medical insurance – since most families have such insurance already, we depend on yours.

\_\_\_\_\_ Optional popular kayak trip down the beautiful Crystal River. \$65 charge.

### General Information

Registration begins promptly at 3:00 PM on Sunday. Arrive no earlier than 2:30 PM. Negative coggins to be shown upon entering gate (or mailed with registration – highly recommended.) Don't forget. You will not be allowed access unless you have this paperwork. Pickup is at 1pm on Friday. Weekend option pickup is at 11 am on Sunday.

### Responsibilities

To promote training in responsibility and self-sufficiency, campers help clean up, contribute to the camp community, participate in barn management and other chores as necessary. Use or possession of tobacco or drugs is not tolerated, nor is stealing or vandalism. The right is reserved by the director to dismiss any camper who is judged detrimental to the general welfare of the group. In such cases, no refund will be made.

We do not encourage bringing expensive electronic equipment such as iPods, Gameboys, cell phones, etc. and the camp cannot be held responsible for loss or damage to such items. Do not send camper with computers or other delicate electronic equipment, expensive jewelry, inappropriate clothes. We do, however, encourage disposable cameras, and highly recommend an inexpensive watch. Writing to your camper is encouraged, by either email or US Postal. No visiting, please.

**Laundry...**

Wash and fold, done weekly, here at camp by camper with counselor supervision (soap supplied).

**What to bring...**

Checklist for camp, a medical form, etc. are available online. Supplemental Information Regarding Application

1. If parents are legally separated or divorced, please provide us with instructions regarding who should receive camp correspondence, pre-camp information (checklists, medical forms, etc.), and financial statements.
2. If anyone other than a parent is to be financially responsible for the camper, please be sure we have the name and address of that person, and any pertinent details.
3. A camper may request to bunk with a friend. We DO NOT GUARANTEE cabin placements, and suggest that under most circumstances it's best to let us pick a cabin placement for you, based on our knowledge of campers and counselors. If you do wish to bunk with a specific person, then EACH MUST REQUEST THE OTHER. No more than two from one area may bunk together; Please do not make more than two requests.

Our objective, as an educational institution, is diversity in cabin groups, as opposed to homogeneity.

Date \_\_\_\_\_

Please enroll \_\_\_\_\_

Likes to be called: \_\_\_\_\_ Boy Girl

Address \_\_\_\_\_ City \_\_\_\_\_ ST

\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of June 1, this year: \_\_\_\_\_ Weight \_\_\_\_\_

Height \_\_\_\_\_

Grade Completed June '06 \_\_\_\_ SS#: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Phone: Res: ( ) \_\_\_\_\_

Office/Business: ( ) \_\_\_\_\_

Cell?: ( ) \_\_\_\_\_

Home Address:

\_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Phone: Res: (    ) \_\_\_\_\_

Office/Business: (    ) \_\_\_\_\_

Cell?: (    ) \_\_\_\_\_

Home Address, if different:

\_\_\_\_\_

Email address:

Parents: \_\_\_\_\_

Camper: \_\_\_\_\_

If parents are legally separated or divorced, custody is: \_\_\_ joint \_\_\_ single parent.

We wish to reserve a horse for our camper (see Riding Proficiency form).

Name of person financially responsible for camper:

\_\_\_\_\_

How did you learn of us?:

\_\_\_\_\_

Does camper want to come to camp? : \_\_\_\_\_

Has he/she been a camper before? : \_\_\_\_\_

Where?: \_\_\_\_\_

**CAMPER'S USE ONLY:**

Why do you want to come to camp?

\_\_\_\_\_

\_\_\_\_\_

I have riding experience in:

\_\_\_ English \_\_\_ Jumping \_\_\_ Western \_\_\_ Barrels \_\_\_ Never or Seldom Ridden

\_\_\_ I own or have owned my horse and will bring him/her to camp

\_\_\_ I am interested in leasing one of BPSHC horses (must fill out see Riding Proficiency form)

**OPTIONAL TRIP OFFERED**

\_\_\_ Yes \_\_\_ No Kayak trip down the Crystal River (fee included, see pictures on our website)

Cabin Mate Request: \_\_\_\_\_

I Learned About Bridle Paths Summer Horse Camp from:

\_\_\_\_\_

**Camp T-shirt**

Size (circle one): (Y=Youth) YS YM YL S M L XL XXL

Comments to Help Us Make Your campers experience successful:

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

Signed (camper): \_\_\_\_\_

*\*Reminder: we make no promises regarding cabin placement!!*

**HEALTH AND ACCIDENT INFORMATION**

If yes to any of these questions, please attach a brief explanation.

Yes No

\_\_\_ \_\_\_ Does the applicant have any special physical conditions?

\_\_\_ \_\_\_ Does he/she take any regular medications? (We'll ask for a detailed health form)

Emergency contact when parents are unavailable: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone: (Home) ( ) \_\_\_\_\_

Office: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

The director, or in his/her absence the program director, is hereby authorized, on medical advice, to proceed with any indicated medical treatment or surgery after an earnest attempt to contact parents.

Approved: \_\_\_\_\_

Health and Accident Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_

Address: \_\_\_\_\_

*\*Please make a copy of your health insurance card and attach it to the registration form!\**

We welcome names of friends who might like to receive camp literature.

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

Address: \_\_\_\_\_

Phone ( ) \_\_\_\_\_

For \_\_\_ Son \_\_\_ Daughter (names) \_\_\_\_\_ Age \_\_\_\_\_

## Contract

### 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 on pages \_\_\_ of this application, and agree to pay all fees specified therein by the dates indicated, and to reimburse BPEHC, LLC. (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 due date. I understand and recognize the right of the camp to expel (without refund) any camper who **a)** willfully engages in any activity which jeopardizes his or her own safety or the safety of others, **b)** is a negative influence on others in the camp community; or **c)** engages in conduct contrary to the camp Honor and Conduct Code. I understand that use or possession of alcohol, tobacco, or non-prescribed drugs, dangerous weapons is not tolerated and will result in immediate expulsion. 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 BPESC, LLC, 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 (including jumping), horse management, swimming, kayaking, There are trips to rivers, natural springs and into 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 on camp trips, 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 Levy County, Florida, and that Levy County, Florida 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 Florida 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.

**WARNING**

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

**Both parents' sign**

Father of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Mother of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Check and initial if applicable**

The person whose signature appears above has sole custody due to:

Initial

\_\_\_\_ Legal separation or divorce, or \_\_\_\_ Only one parent is living.

\_\_\_\_ Other are not required, please indicate the reason:

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

**Payment Options:**

- Check
- Master Card
- Visa
- American Express
- Discover
- Debit Card

Acct # \_\_\_\_\_ Expiration date \_\_\_\_\_

Total amount: \_\_\_\_\_

I authorize Bridle Paths Equestrian Summer Camp to charge this amount \_\_\_\_\_ to the credit card listed above.

Signature of Cardholder \_\_\_\_\_