En-Tice-Ment Stables Camp Enrollment Form

Only Accepted with full payment

P.O. Box 163, Harwood, MD 20776

410-798-4980

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Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age (at camp):\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_Weight:\_\_\_\_\_\_\_ Male or Female

Parent’s/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts if parents can‘t be reached:

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

Allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other information we should know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp Date Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location- Obligation Farm

Request are done on a first come first serve basis with full payment.

Camper’s Level of experience with horses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are going to bring your own horse, please send a copy of a negative coggins and please fill in the following:

Horse or Pony Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Feed requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Field requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

over

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Health Information:

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information is required for a camper to be admitted to camp:

Immunization information

For campers who reside within the United States, a United States Territory, or the District of Columbia:

1. State/territory in which child resides: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Is this child exempt from any immunizations? ( ) No ( ) Yes, List them.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For campers who reside outside the United States, a United States Territory, or the District of Columbia:

1. Country in which child resides: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Attach Department form DHMH-896

Health information:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?? ( ) No ( ) Yes, Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child’s camp experience is positive? ( ) No ( ) Yes, Explain\_\_\_\_\_\_

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

Physician’s Name & phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment and cancellation information:

Registration fee is full price of camp.

A cancellation before June 8th forfeits $100. No refunds after June 8th.

En-Tice-Ment Stables LLC reserves the right to not accept a camper or allow a camper to stay if exposed to any contagious disease within two weeks prior of his/her stays at camp. No refund will be given if a child is sent home for either behavioral or medical reasons. If a departure need arises, parents/guardians or emergency contacts will be notified. Upon notifications, the parent/guardian will be allowed a maximum time of two hours to remove their child from the camp property. General reasons for immediate dismissal include, but are not limited to any of the following: if a health situation puts another individual in jeopardy, if the camper needs special health attention, if a child has a temperature above 100 degrees, pink eye, ring worm, lice, strep throat, or any infectious situation; or if a child is defiant, uncooperative, and will not or can not participate in the normal program. Campers sent home due to behavioral problems are not allowed to return. Campers sent home due to medical reasons can only return to camp with a doctor’s release and must be able to participate in the normal camp program.

I have read all the aforementioned information and I agree to cooperate and adhere to these guidelines. To the best of my knowledge, the information given on these two pages is complete and accurate.

Signature of Parent/ Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_