

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: _____

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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: _____