En-Tice-Ment Stables Camp Enrollment Form Only Accepted with full payment

P.O. Box 163, Harwood, MD 20776 410-798-4980

Camper's Name:		Pg 1 of 2
Age (at camp): Heigl Parent's/Guardian's	nt: Male o	
Address:		
Phone home:	work:	
Cell:	other:	
email	2 nd email	
Emergency Contacts if parents	can not be reached:	
Allergy:		
Other information we should k	now:	
Camp Date Request: Request are done on a first come first serve	Location- Obligation Far	m
-	own horse, please send a copy of a ne	arative
coggins and please fill in the fo		-Suuve
Horse or Pony Name	9	
	Field requirements:	

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En-Tice-Ment Stables Camp Enrollment Form

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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	:h
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 8 th forfeits \$100. No refunds after June 8 th .	
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	e
not limited to any of the following: if a health situation puts another individual in jeopardy, i	
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 cannot participate in the normal program. Campers sent hom	e
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	د
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 page	25
is complete and accurate.	
Signature of Parent/ Guardian	
Dutc	