

# St. Timothy's School 2011 Summer Riding Camp Participant Application

Please fill out the riding application and medical form in full. Both forms, along with the total payment of \$750 per session, must be sent to be fully enrolled in the camp. Make checks payable to: St. Timothy's School. Credit Cards Accepted. There is a 10% discount for additional family members. No refunds after May 15, 2011 unless spot can be filled. All questions may be directed to Libby Southall, Director of Riding, at (410) 486-5483. Mailing Address: St. Timothy's School, Summer Riding Camp, 8400 Greenspring Ave., Stevenson, Md. 21153

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone: Day time (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent Email \_\_\_\_\_

Name and phone number of person to contact in case of emergency

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Visa,MC,Discover,Amex Card # \_\_\_\_\_ Exp. \_\_\_\_\_

**Sessions attending (circle one or more):**

**Session 1**

**Session 2**

**Session 3**

**Session 4**

**June 13-June 24**

**June 27-July 8**

**July 11-July 22**

**July 25-August 5**

My riding ability can be best described as: Beginner Advanced Beginner Intermediate

Please add any additional riding experience on the back of this form.

## **Release Waiver**

(Your signature is in recognition that you have read and understood the following)

On behalf of my child, I accept and assume any and all risks associated with his/her attendance and participation in the camp and its activities. I understand that my child should not attend the camp if he/she is not healthy. I understand that my child must abide by camp rules and the instructions of the camp staff. I agree that if my child is dismissed from the camp, no part of my fee will be refunded. I understand that no reduction in the fee will be made for late arrival, early departure, vacations, illness or injury. In the event that the holder of this contract is required to turn this matter over to an attorney for collection, I understand that I will be liable to the holder hereof for attorney's fees and costs of suit.

Permission is hereby granted for my child to be transported on a St. Timothy's bus for any field trips or off-site activities that might be included in this program. In addition, I hereby grant permission for my child to participate in all swimming and horseback riding activities that are scheduled as part of this program.

Knowing these facts, and in consideration of your accepting my child's application, I, or anyone acting on my child's behalf, agree that St. Timothy's Riding Program is not responsible for accidents, injuries, and/or medical or dental expenses arising from my child's participation in the camp. In accordance with this agreement, I promise not to sue, and I release St. Timothy's School and the Riding Program, and anyone working on their behalf from all claims of liability or expenses of any kind relating to my child's participation in the previously mentioned camp unless accident or injury is due to negligence on the part of the Riding Program.

Parent or guardian signature: \_\_\_\_\_

Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name