



2019 Summer Camp Registration Form

One Day Camps (ages 5-13) July 2, July 9, August 6, August 13
Week Long Camps (ages 10-18) July 15-19 & August 19-23

Camper's Name

Parent's Name

Street Address

City

State

Zip

Parent Phone

Parent Email

_____/_____/_____
Camper Date of Birth

Grade

Gender

Person(s) Authorized for Pick Up

List any physical conditions or disabilities

List ALL allergies, including food allergies (lunch is provided so please be specific and thorough)

CAMP DATES

(9am - 3pm each day)

One Day, July 2

One Day, August 6

Week Camp, July 15-19

One Day, July 9

One Day, August 13

Week Camp, August 19-23

REGISTRATION & PAYMENT

Fee is \$100 per child per Day Camp and \$400 per Week Camp. A release form and photo release form must be signed by a parent/guardian BEFORE the start of camp. A non-refundable deposit of \$50 per session is required. Balance is due on or before the first day of your child's camp session. Please complete and mail this registration form, horseback riding questionnaire, liability release form, photo release form, billing sheet, and medical emergency information with deposit to: Homestead Stables, PO Box 19, Gerry, NY 14740. Cash, money order, or checks made payable to "Homestead Stables." In the event that a camp doesn't meet the minimum number of registrants and needs to be canceled, the \$50 deposit will be refunded.

Total Fees

Amount Paid

Check # _____ Cash

HORSE RIDING QUESTIONNAIRE

Please fill out this questionnaire to help us prepare for your child's time at camp. This form is necessary so we can match horse and rider appropriately and therefore give campers the best experience possible at camp.

_____	_____	_____	_____
Camper's Name	Age	Height	Weight
_____			*Please note our horses have a 170 lb. weight limit
T-shirt size (please specify youth or adult)			

HORSE RIDING EXPERIENCE

- Beginner: Has never been on a horse or only a few times, may even be nervous around a horse
- Novice: Ridden less than 12 times, very little experience/riding skills
- Intermediate: Possesses basic riding skills, can walk/trot, has taken some riding lessons, comfortable around a horse
- Advanced: Takes or has taken consistent riding lessons, can walk/trot/canter and possesses all basic riding skills, very comfortable on and near a horse

Please describe your child's experience with horses, including riding and anything else we should know about their experience with horses.

What is your child hoping to gain from this camp experience?

Please note, all horses are assigned by the instructors discretion. We take into consideration the age, weight, height, and experience of each camper to ensure a safe and enjoyable time at camp.

MEDICAL EMERGENCY INFORMATION

In the event of an emergency, contact:

Name	Phone	Relation
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Name	Phone	Relation
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Choose one:

Consent Plan

In the event that emergency medical aid/treatment is required due to illness or injury during camp activities, or while on the property of the agency, I authorize Homestead Stables and their employees to: (1) Secure and maintain medical treatment and transportation if needed. (2) Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature	Date
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Print Name	Parent or Legal Guardian (if under 18)
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NON-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during camp activities or while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Consent Signature	Date
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Print Name	Parent or Legal Guardian (if under 18)
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RELEASE AND HOLD HARMLESS AGREEMENT

No student will be accepted for equine assisted activities and/or horsemanship instruction and no volunteer accepted for service at Homestead Stables until this form has been read, understood, completed and signed by the parent(s) or guardian(s) of a minor or, if the student or volunteer is of legal age and sound mind, by the student or volunteer. Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding, driving, and working around horses. This includes bodily injury from horseback riding or driving or being in close proximity to horses. Among other risks, both horse and rider can be injured during normal use or in competition and schooling. In order to provide this valuable service, NO LIABILITY can be accepted by Homestead Stables or any of the organizations or persons connected with the above named facility. In consideration for the privilege of riding, driving, and/or working around horses at Homestead Stables the undersigned, as self, or as parent(s), or guardian(s) of the named minor, jointly or severally, do hereby agree to release, hold harmless and indemnify Homestead Stables, its officers, directors, trustees, agents, employees, representatives, successors and assigns from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorney's fees, which the undersigned or said minor may now or in the future have against Homestead Stables, its officers, directors, trustees, agents, employees, representatives, successors and assigns, on account of any accident, damage, injury, or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to, acts or incidents occurring at or relating to Homestead Stables, its officers, directors, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services described above or in any way incidental thereto. I have carefully read this agreement and fully understand its contents.

Consent Signature	Print Name	Date
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Photo, Video, & Quote Release Form

_____ I hereby authorize the release of the photographs/video/quotes of _____
to be used in the following ways as indicated by an **X**. *Insert Name*

_____ In any promotional purpose deemed appropriate by Heritage Ministries and
Homestead Stables

_____ Written promotional materials such as brochures, flyers, etc.

_____ Heritage Ministries and Homestead Stables websites and social media websites

_____ Newspaper/magazine articles or advertisements

_____ Television or radio features or advertisements

_____ For display on Heritage Ministries and Homestead Stables display(s)

_____ For use in promotional videos, DVDs, or presentations produced by or authorized through
Heritage Ministries and Homestead Stables

_____ NO, I do not authorize the release of photographs/videos/quotes for any use. I understand
that I retain the right to revoke this authorization at any time.

Signature of Responsible Party

Print Name Clearly

Date

Signature of Parent of Guardian
if under 18 years of age

Print Name Clearly

Date



Lessons, Leasing & Auxiliary Services Billing Sheet

Customer Name (Person getting the service)

Responsible Party Name (Payee)

Payee Billing Address

City

State

Zip

Phone

Email

_____/_____/_____
Payee Date of Birth

#_____
Payee Social Security Number

Sales Tax Exempt? No Yes (If yes, you must provide a copy of sales tax exemption form)

_____/_____/_____
If leasing, what is start date of lease?

Name of horse leasing

I understand that certain services may be subject to all applicable taxes, including New York State, Chautauqua County, and/or Town of Gerry sales tax, which I agree to pay in full. I understand that Homestead Stables will bill me on a monthly basis in which I am expected to remit full payment by due date on billing statement. If I cannot remit full payment I will contact the billing office at 716-985-6816 to schedule a payment arrangement, at Homestead Stables' sole discretion. If no such arrangement has been agreed to by Homestead Stables, I will be required to pay a service fee equal to one and one half percent (1.5%) of the outstanding balance per month (18% per annum) from the due date of any amount payable to Homestead Stables that remains unpaid for a period of five (5) days following the due date. Homestead Stables reserves the right to deny further services for past due balances and non-payment.

Note: Sales tax will NOT be charged for lessons, facility and arena rentals by non-boarders, use of tack, training, and hauling.

Payee Signature

_____/_____/_____
Date

Homestead Stables Signature

_____/_____/_____
Date