

Whole Horse Journeys Camp Registration 2010

Page 1

Date of Camp: _____ Second week: _____

Name of Camper: _____

Age _____ Female [] Male []

Address: _____ WHJ Student? Yes [] No []

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Other Phone: _____

Name of Parent or Guardian: _____ Phone: _____

Additional Emergency Contact other than Parent: _____

Relationship to Camper: _____ Phone: _____

Upon receipt of full payment, completed registration and liability release form, campers will receive a confirmation of registration and directions. ***Welcome to Whole Horse Journeys Summer Day Camp!***

Return completed form with payment to:

Whole Horse Journeys
P.O. Box 192
Leicester, NC 28748

Camp located at: Whole Horse Journeys, 717 Turkey Creek Road, Leicester, NC 28748
Questions? Give us a call at: 828-280-5682

Please describe your child's equestrian experience: _____

Please list any physical or emotional limitations: _____

Please list any major allergies and level of severity: _____

Please list any special instructions: _____

Is your child allergic to insect bites? Yes [] No []

Please check [] if listing special information including allergies and physical limitations on the back of this form.

I have read, understand and completely agree to abide by Whole Horse Journeys safety and conduct guidelines and liability release. I have read and explained to my child(ren) or my child(ren) have read and understand and agree to abide by Whole Horse Journeys safety and conduct guidelines. I understand that should any violation of said guidelines by myself, my child(ren) or any family member is valid reason for early dismissal of camper from the camp program. Such dismissal does not include a refund of any monies.

Camper: _____ Date: _____

Parent/Guardian: _____ Date: _____

Additional signatures required on page 3.

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Payment information: Early Registration by June 1, 2010

Paid total amount of \$295 by June 1, 2010 [] Check # _____

Paid total amount of \$325 after June 1, 2010 [] Check # _____

Paid deposit of \$165. Please bill me for the balance of \$160 by June 20, 2010 [] Check # _____

Sign up for two weeks and save an additional \$25!

Total early registration for two weeks if paid before June 1, 2010 only \$565 [] Check # _____

Total registration for two weeks if paid after June 1, 2010 only \$625 [] Check # _____

I understand that \$35 of the cost of the camp is a non-refundable processing fee in the event of a cancellation. Full payment is required by June 1, 2010 to hold a space. I understand that 50 % of the camp fee, less the \$35 processing fee is refundable before June 15, 2010. No refunds are given after June 15, 2010 if my child(ren) (or family) do not show up for camp or if my child(ren) or family leave camp early for any reason.

Camper: _____ Date: _____

Parent/Guardian: _____ Date: _____

WARNING

Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury or to the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99e of the North Carolina General Statutes.

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