

SHOCKEY STABLES

CHRISTIAN HORSE CAMP

Summer 2012 Registration Form

PLEASE PRINT:

CAMPER INFORMATION:

Name _____ DOB _____ AGE _____ Boy ___ Girl ___

Home Address _____

City/State/Zip _____ Home Phone _____

T-shirt Size: **YOUTH:** Sm ___ Med ___ Lg ___ **ADULT:** Sm ___ Med ___ Lg ___ X-Lg ___

PARENT/GUARDIAN INFORMATION:

Mother's Name _____ Father's Name _____

Work # _____ Work # _____

Cell # _____ Cell # _____

Email Address _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY IF THOSE LISTED ABOVE CAN NOT BE REACHED:

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

HOW DID YOU HEAR ABOUT SHOCKEY STABLES CHRISTIAN HORSE CAMP

Previous Camp _____ Internet _____ Flyer _____ Friend _____ Current Student _____

REGISTRATION FEE:

Please make all checks payable to Shockey Stables. Each camp session is \$350.00 per rider. A nonrefundable deposit of \$175.00 must accompany this completed registration form to reserve a place for your child. The remaining balance must be paid on or before the first day of camp. The all inclusive fee includes all instruction, activities, events, drinks and snacks daily, **PIZZA DAY** on **FRIDAY** and a 2012 Shockey Stables Christian Horse Camp T-shirt. Monday, Tuesday, Wednesday and Thursday please provide your child with a sack lunch.

INITIAL YOUR CHOICE OF WEEK FOR YOUR CHILD TO ATTEND CAMP:

JUNE 11 - 15 _____ JULY 9 - 13 _____ AUGUST 6 - 10 _____

HORSE EXPERIENCE:

Have you ever ridden before? Yes ___ No ___

If yes please explain: _____

Have you taken riding lessons before? Yes ___ No ___

If yes how often and how long ago? _____

Which gaits have you ridden? Walk ___ Trot ___ Canter ___ Have you ever fallen off? Yes ___ No ___

If yes, did you get back on or did it scare and/or injure you? _____

CAMP STARTS PROMPTLY AT: 9:00 AM and will end at 4:00 PM Monday thru Thursday; **Friday 9:00 – 5:00** with watermelon and fellowship and we encourage parents to come early and join in.

ITEMS YOUR CAMPER WILL NEED:

- ☉ Sunscreen
- ☉ Lip balm, Chap Stick
- ☉ Smooth soled boots or riding shoes
- ☉ Long Pants, NO Capri's
- ☉ Hair ties are a must for girls
- ☉ Hat, cap or visor and gloves if you want (Cowboy Way on Treadaway has small sizes)

SUGGESTIONS:

Any time you are around horses and barns, there will be a lot of dust and STUFF. Favorite and/or new clothing may not return home in the same condition. Most likely it will be dirty and possibly stained. Label all items with last name. Send your camper with a backpack or canvas bag so their belongings can stay together and in one place thus minimizing loss and/or damage.

OPTIONAL ITEMS:

Riding helmet, camera, sunglasses, bandanna, flip flops, shorts and an extra shirt if they would like to change after riding.

ITEMS NOT PERMITTED:

Video games, I-pods, Game Boys, MP3 players, radios, Walkman's, CD players and glass bottles.

PHOTO RELEASE:

I _____, hereby give permission for Shockey Stables to use my child's photo or other likeness in any of Shockey Stables general publicity and campaigning materials.

Yes _____ No _____ INITIAL ONLY ~ **NO** x's or ✓ marks please

CANCELLATIONS:

Thirty (30) days prior to your registered camp date, a refund of 50% (less deposit) will be issued. Within (30) days of your registered date, there will be **NO** refund, due to the difficulty of filling the cancelled spot so close to the beginning of the camp session. If you must cancel, please call Judy Shockey 325-690-0585 or send an email to msjudy@shockeystables.com.

BEHAVIOR AT CAMP:

Shockey Stables will provide a positive, spiritual and realistic atmosphere for your child while continuously encouraging him/her to set personal goals accordingly and apply them self to the best of their ability. Campers that do not abide within the boundaries of good sportsmanship, mannerly conduct or, are adversely disrupting and affecting the experience of any other child, will be dismissed with no monies refunded.

INSURANCE AND MEDICAL INFORMATION:

You as a parent/guardian are responsible for any medical costs incurred as the result of injury or illness while at camp. Please provide accurate information below regarding any medical situation that Shockey Stables needs to be aware of; e.g. currently on any medication for: Asthma, Allergies, ADD, ADHD, etc. _____

Upon completion of this registration form, please mail to or bring by:

SHOCKEY STABLES 1049 COUNTY ROAD 337 ABILENE, TX 79606

WARNING: Under TEXAS law (Chapter 87, Civil Practice and Remedies Code), an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Parent/Guardian Signature

Date