

Camp Date You're Enrolling In



1275 Calhoun St, Hayward California, 94544
Summer Camp Enrollment Form

General Information

Students Name Age Sex T-shirt size
Parent/Legal Guardian
Address City State Zip
Parent Phone Home Work
Emergency Contact (Name) Relation Phone
Please List any medicines needed by your child during the day to be administered

Allergies

Method of payment: \$ 425.00 for camp 9am to 3pm Monday – Friday
\$ 100.00 deposit per week required, with balance due two weeks prior to arrival at camp in full.

Previous Riding experience:
* No prior Experience
* Horse Camp (when ,where, how long)
* Rental or pack Trips
* Riding Lessons (when, how long)
* Most Recent Riding Accomplishments to date (walk, trot, canter, lead changes, smooth transitions, Jump, English, Western

* what are you're your personal goals for this week

LIABILITY RELEASE : I agree that in consideration of Hayward Hills Equestrian Center/Robinson Equestrian Services allowing my child's participation in this activity, under the terms set forth herein, I, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge Hayward Hills Equestrian Center/Robinsons Equestrian Services, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises, owners of horses, affiliated organizations, and insurers, volunteers, and others acting on behalf (herein referred to as "Associates") of and from all claims, demands, causes of action and legal liability, whether the same known or unknown, anticipated or unanticipated, due to Hayward Hills Equestrian Center/Robinson's Equestrian Services and/or its Associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me/or my minor child or legal ward in relation to the premises and operation of Hayward Hills Equestrian Center/Robinson's Equestrian Services, to include riding, handling, or otherwise being near horses owned/leased/barrowed by or in the care, custody, and control of Hayward Hills Equestrian Center/Robinson's Equestrian Services, whether on or off the premises of Applecreek Farms/Robinson's Equestrian Services. I/WE THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE, AND ASSUMPTION OF RISKS. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT'S PHYSICAL CONDITION, EXPERIENCE AND AGE ARE TRUE AND ACCURATE.

Signature of Parent/Legal Guardian Date

\$ 100.00 cash or check non refundable deposit is required for enrollment, MAKE CHECKS PAYABLE TO Lisa Robinson
Bring in person to Hayward Hills Equestrian center. 1275 Calhoun St, Hayward Calif, 94544 (510) 760-8909 cell
Please mail your enrollment and separate liability form, personal emergency information along with your deposit to:
Lisa Robinson 2736 Barlow Dr, Castro Valley Calif 94546 Email heyloca@sbcglobal.net website

EMERGENCY INFORMATION FORM *This information is intended to assist in the event of an accident or sudden illness.*

Name _____
Work Phone _____
Evening Phone _____
Mobile Phone _____
Personal Address _____
Date of Birth _____
Primary Care Physician _____
Primary Care Physician Phone _____
Health Insurance Carrier _____
Subscriber Number _____
Group Number _____
Employer _____

ADDITIONAL EMERGENCY INFORMATION

Blood Type (if known): _____
Allergies: _____
Other: _____

EMERGENCY CONTACT INFORMATION

Person(s) to be contacted in case of emergency:

Name _____
Relationship _____
Address _____
Work Phone _____
Evening Phone _____
Mobile Phone _____

Additional Contacts (Optional)

Name _____
Relationship _____
Address _____
Work Phone _____
Evening Phone _____
Mobile Phone _____

The information on this form is solely intended to assist in the event of an accident or sudden illness. I, _____, understand that Robinson's Equestrian Services/Hayward Hills Equestrian Center, trainers and staff working on behalf of Robinson's Equestrian Services, Lisa Robinson, Chris Harvey and other parties who may provide the above information during a medical emergency, do not assume any liability for the information that I have provide on this form.

I, _____, authorize the use of the information contained on this form to facilitate my treatment in the case of a medical emergency or sudden illness. This information is not intended for use outside of a medical emergency or sudden illness and should not be shared with non-medical / non-emergency personnel.

Signature: _____ Date: _____

