

# CAMP REGISTRATION FORM

## RIDER INFORMATION

Child 1: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: \_\_\_M \_\_\_F

Email Address \_\_\_\_\_

Does the rider have any physical and/or mental health conditions, problems, and/or disorders which may affect his/her safety and ability to handle, ride or be around horses?

Yes                  No

If "yes" describe here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Mother

Father

*(circle one)*

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## EMERGENCY CONTACT *(if parents can't be reached)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## HEALTH INSURANCE INFORMATION

Company and Phone Number: \_\_\_\_\_

Primary Insurance Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

**PARENTAL AUTHORIZATION AND WAIVER OF LIABILITY**

**I hereby give my permission for my child/children to attend camp and participate in all activities, both horse-related and non-horse related, which may include activities off the farm premises. I agree to cooperate with all requirements. I understand that in case of our withdrawal the \$50.00 deposit is non-refundable.**

**UNDER SOUTH CAROLINA LAW, an equine sport or activity sponsor or professional is not liable for an injury to or death of a participant in an equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.**

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Method of Payment**                           Check           Cash           Money Order

**Payment Includes:**    Camp Fee:                    \$ \_\_\_\_\_  
                                   Deposit:                    - \$ \_\_\_\_\_ (\$50.00)  
                                   Helmet rental:            \$ \_\_\_\_\_ (\$5.00 for the week)  
                                   **Amount Enclosed**        \$ \_\_\_\_\_  
                                   **Balance Due**                \$ \_\_\_\_\_ (minus deposit)

Mail this COMPLETED APPLICATION and a \$50.00 NON-REFUNDABLE DEPOSIT for EACH CHILD/EACH CAMP in the form of a check or money order (no cash please) promptly to:

**Whitehaven Plantation  
 3762 Bethune Highway  
 Bishopville, SC 29010  
 Attn: 2008 Camp**