

Spring

Registration Form



SPRING BREAK CAMP: March 11th, 12th, 13th, 14th, 15th 2024
9 a.m. – 2 p.m.

Rider's Name: _____

Age: _____ Parent/Guardian's Name: _____

Phone number: _____ City _____

Email: _____

Describe your child's previous riding experience, if any:

Does the rider have any allergies/medical condition? Yes/ No Explain: _____

How did you hear about the Summer Camp at WEC? **Currently ride at WEC** **Friend** **Google** **Facebook**

Please provide details: _____

Camp Price: \$700/session (\$50 discount if registering by March 3rd)

There is a \$20 fee for late pickups.

Riders may be distributed by levels groups for the riding portion of the program.

Maximum capacity per camp week: 15 campers. The club reserves the right to cancel a week camp if there are less than 4 registrations.

WEC'S SPRING BREAK CAMP 2024

www.WoodlandsRidingLessons.com

DEPOSIT: You can register and save your spot with \$75 non-refundable deposit. The rest of the camp payment must be made the **first morning of camp**.

Enclosed is \$ _____ for the deposit of the week chosen above (circled) or the total week fee.

Types of Payment:

☐ Check (payable to: Woodlands Equestrian Club) ☐ Credit Card (my data below)

☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Card Number: _____

Name on Card: _____

Verification Number: _____ Expiration Date: ____/____ (month/year)

Transaction Amount: \$ _____

Email Address (to receive payment receipt) _____

Credit Card Billing Address: _____

Authorized Signature: _____

E-Mail this form (scanned) to: Info@WoodlandsRidingLessons.com

RELEASE OF LIABILITY: Statement of Consent & Liability Release Form

I, the undersigned, give my permission for (print camper's name) _____ to participate in WEC' camp. It is my understanding that the program listed will include activities such as hiking, field and wildlife observations, as well as inadvertent exposure to potentially harmful animals and/or plants (such as bees, wasps, and Poison Ivy). In consideration of WEC's acceptance of this child's registration, I assume any risk connected with this child's participation in such activities related to personal or bodily injury, and agree to hold harmless Woodlands Equestrian Club, ISA-ROSAL, LLC, its officials, subcontractors, directors, employees, volunteers, and agents for damage arising from any injury to this child. I authorize WEC's Camp Directors and staff to arrange for Transportation and/or necessary emergency treatment for this child should the need arise and I cannot be reached. Parent/Guardian:

Signature _____ Name: _____ Date: _____

Photo/Video Release Form

As a parent of _____, I hereby consent that any photographs, video-tapes, recordings, etc., in which my child appears may be used by Woodlands Equestrian Club, its assigns or successors, and becomes their property, which they may use free and clear of any claims on my part. Parent/Guardian:

Signature _____ Name: _____ Date: _____

832 540 2591 Info@WoodlandsRidingLessons.com

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