

# Advanced Rider Day Camp

## Registration Forms - Summer 2022

13117 FM 429, Terrell, TX 75161 | (214)405-2584 | www.AllAmericanArabians.com

A liability and medical release form will also need to be completed by parent/legal guardian on the first day of camp.

### CAMPER'S INFORMATION:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Shirt Size: W/Y \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Horse Riding Experience (EX: None; trail riding on vacation; actively taking riding lessons for 2 years; etc.): \_\_\_\_\_

Known Allergies (plants/insects/food/etc): \_\_\_\_\_

Current Medications & Dosing Info: \_\_\_\_\_

Parent/Legal Guardian's Name(s): \_\_\_\_\_ Main Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Legal Guardian's name), hereby authorize the Staff to allow my child to leave with only these people (other than parents/guardians):

1) Name \_\_\_\_\_ Phone# \_\_\_\_\_ TDL# \_\_\_\_\_

2) Name \_\_\_\_\_ Phone# \_\_\_\_\_ TDL# \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY INFORMATION:

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event parent cannot be reached to make emergency medical arrangements, I authorize All American Arabians' and Debut Arabians' staff to take my child to:

Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

In case of medical emergency, it is my understanding that first aid will be administered, if deemed necessary. Should the situation prove to be more serious and first aid is not sufficient treatment, it is my understanding that my child or I will be transported to the nearest emergency facility, or if possible, the medical facility listed above, and I authorize this facility to provide medical or surgical procedures necessary to preserve the life or well being of the above named participant.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

PERMISSION FOR USE OF PHOTOS: I Allow \_\_\_\_\_ OR Do Not Allow \_\_\_\_\_ All American Arabians to use my child's photo for advertisements, online, over social media, and/or other marketing to promote our facility and programs. I understand names will be kept confidential.

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**Camp Dates** (check one): \_\_\_\_\_ June 6th-10th, 2022

Camp is held Monday-Friday from 9AM - 1PM. Early Arrival (8-8:30AM) and Late Pickup (1:30-2PM) are available upon request.

### Payment Information

Advanced Rider Day Camp: **\$400**

- \$50 deposit is due with registration application and is non-refundable
- \$350 (remainder) is due on May 1st, 2022 and is non-refundable once paid

Make checks payable to: **All American Arabians, LLC.**

We accept Venmo (friends/family) @allamericanarabians or cash/check for deposit.

Please email registration forms to: [allamericanarabians@gmail.com](mailto:allamericanarabians@gmail.com) upon completion

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Date of Enrollment: \_\_\_\_\_

Payment Info: Check / Cash / Venmo Payment Amount: \_\_\_\_\_

(\$50 is due at time of registration. The balance of \$350 is due May 1st, 2022, and is non-refundable once paid.)

Balance Due May 1st, 2022: \_\_\_\_\_ Paid: Check / Cash / Venmo \_\_\_\_\_

Completed Full Liability Waiver & Medical Release Form? Yes / No

# ARABIANS, LLC