

# Southern Heritage Farm LLC

## Registration Form

### Summer Horseback Riding Camps

June 11 - 15, 2018 ♦ July 23 - 27, 2018 ♦ August 6 - 10, 2018

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I/We, \_\_\_\_\_

*(Please print name(s) of parent(s) or legal guardian(s))*

grant permission for our child to attend and participate in all **Southern Heritage Farm Spring Break Camp** activities, on and off Southern Heritage Farm (SHF) premises, during camp hours from 9:00 am to 3:00 pm. I/We realize that safety precautions will be taken and that my child will be supervised but that SHF assumes no liability for injury or damages incurred. In the event that I/we cannot be reached in a timely manner, I/we give permission for my/our child to receive emergency medical treatment, as necessary, and I/we want to be notified immediately. Any debt incurred will be the responsibility of the parent or guardian. I/We also give SHF permission to use his or her photographic likeness in all forms for media advertising and other lawful purposes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

### Session (circle choice)

**June 11-15:** \$400 (9am – 3pm)    **July 23-27:** \$400 (9am – 3pm)    **August 6-10:** \$400 (9am – 3pm)

**Current SHF Student:**        \$350 for either Session 1 or 2

**Before and After care:**        \$100 (8:00 am - 4:30 pm)

### Camper & Contact Information

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ (available in Youth, S, M, L ♦ Adult S , M)

Current Student at SHF?: \_\_\_\_\_ If yes, preferred horse/pony? \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Brief Description of Riding Experience:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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#### Emergency Information:

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

Insurance Company Name: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy & Group #'s: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Please list Emergency Contacts and/or people who have permission to pick up your child.

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

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

#### Please check or indicate any medical information that would help us to better care for your child.

Asthma \_\_\_ Inhaler \_\_\_ Bee Allergies \_\_\_ Nut Allergies \_\_\_ Other \_\_\_\_\_

#### Payment Information:

A \$100 non-refundable deposit is due with this registration. Full payment can also be submitted with the registration form. Any remaining balance is due on the first day of camp. Please make the checks out to **Southern Heritage Farm**.

I understand and authorize all payments due must be charged due to a space being "saved". I also understand that **Southern Heritage Farm does not provide refunds or credits for missed days**. Policies are posted on the website and available in the office. I have read, understand, and agree to all payment policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form, along with deposit (or complete payment) to:**  
Southern Heritage Farm, 3500 Courtney School Road, Midland, VA 22728