

Double A Ranch Horse Camp

Family Information

Parent(s): _____, _____, _____
Last Father First Mother First

1st child: _____, _____, _____
Last First DOB

2nd child: _____, _____, _____
Last First DOB

3rd child: _____, _____, _____
Last First DOB

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (1) _____ (2) _____ Email: _____

Emergency Contact Person: _____ Relationship: _____

Emergency Contact Phone#: (1) _____ (2) _____

_____ (Initial Please) Children with repeated adverse behavior will be asked to sit out and the parent will be notified!

_____ (Initial Please) Payment made by check MUST BE MADE 10 days in advance of scheduled camp week. CASH ONLY accepted the week of camp.

_____ (Initial Please) Early Drop-off MUST be scheduled and paid in advance.

Acknowledgement of Risk and Waiver of Liability - Please Read before signing!

I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving horses, including but not limited to horseback riding and horse care. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all Double A Ranch (DAR) programs and accept all risks associated with that participation. In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue DAR, its officers, directors, share holders, employees, volunteers, and all others associated with the corporation(s) from all liability for any and all damages and injuries suffered by my child or myself while under all instruction, supervision, or control of DAR. I also understand that DAR retains the rights to use any photographs, videotapes, motion picture recordings, or any other record of events for publicity, advertising, or any legitimate purposes. I hereby agree to individually provide for all present and possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for DAR.

I have read and understand this acknowledgment of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent's Signature: _____ Date : _____

Medical Insurance Company: _____ Insurance #: _____

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Double A Ranch Authorized Pick-Up Form

I, _____ authorized my child/children (named above), to be released from Double A Ranch to the following persons:

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

I will inform the people named above that they must present a **VALID DRIVERS LICENSE and PASSWORD** in order for my child/children to be released into their custody.

FAMILY PASSWORD (Please read) All families that are involved in our camp program are required to have a password. This password is developed by you and kept within the circle of people that you are authorizing to pick up your children. When someone comes to pick up your child, along with your password, they must have proper ID showing the name that you have given us. Please be sure to notify the gym at any time if there are any changes in authorized/unauthorized pick up on a day-to-day basis. Your password is personal and private and will be kept in a safe place. We appreciate your complete cooperation in this matter to allow us to provide a more fun, safe, and enjoyable experience for everyone.

MY FAMILY PASSWORD IS: _____

We at Double A Ranch know it is important that your child has a positive and fun experience. Please let us know if you have any special requests: ie. friends or siblings they would like to be grouped with, are they shy and have trouble making new friends. Let us know and we will help.

Also, please list below any physical or medical concerns.

1. _____

Child's name

2. _____

Child's name

3. _____

Child's name

Double A Ranch Horse Camp Payment Authorization

PAYMENT POLICY:

Camp fees must be pre-paid or paid at drop-off for each day/week your child is scheduled to attend. Camp is payable by **cash or credit card ONLY**. Checks will not be accepted unless received 10 days in advance of the first day of camp. Please understand that your child will not be allowed to participate with any outstanding balances. In order to avoid this situation, you may authorize the use of a credit card for our office to pay off your daily or weekly camp fees.

CREDIT CARD TYPE: _____ (VISA) # _____ EXP DATE _____

_____ (MC) # _____ EXP DATE _____

NAME ON CARD: _____

SIGNATURE: _____ DATE: _____

REFUNDS: Double A Ranch Horse Camps have a **NO REFUND POLICY**. Only in the case of extreme medical emergency will this policy be reviewed. No refunds / credits for missed camp closing due to uncontrollable circumstances will be issued. Additionally, refunds are not issued if a child is dismissed due to disciplinary action based on his/her behavior or misconduct. We reserve the right to cancel classes, events, or sessions if we do not have a sufficient enrollment.

MAKE-UPS: Days missed during a camp week cannot be made-up during another camp week. Weeks missed cannot be substituted for later weeks.

***** 10% sibling discount *****

DOUBLE A RANCH
2011 SUMMER CAMP SCHEDULE

DAILY: Child's Name: (1) _____, (2) _____, (3) _____

CAMP DEPOSIT (\$50 / CHILD); \$ _____ Date pd _____

____ JUNE 20 - 24
____ Full day
____ extended care
children _____

Total Due \$ _____
Method pd __cc __cash

____ JUNE 27 - JULY 1
____ Full day
____ extended care
children _____

Total Due \$ _____
Method pd __cc __cash

____ JULY 11 - 15
____ Full day
____ extended care
children _____

Total Due \$ _____
Method pd __cc __cash

____ JULY 18 - 22
____ Full day
____ extended care
children _____

Total Due \$ _____
Method pd __cc __cash

____ JULY 25 - 29
____ Full day
____ extended care
children _____

Total Due \$ _____
Method pd __cc __cash

____ AUGUST 1 - 5
____ Full day
____ extended care
children _____

Total Due \$ _____
Method pd __cc __cash

Double A Ranch
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