

Texas Tech Equestrian Center

5712 CR 1500, Lubbock, TX 79407
(806) 792-4682 www.afs.ttu.edu/horse

Raider Rider Day Camp 2009

Parent or Legal Guardian Name: _____

Address: _____

School Attending _____

City/State/Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Sex: M/F Birth Date: _____ Age: _____ Height: _____ Weight: _____ Campers Name _____

State Law requires that we have the following on file: (Give last dates of immunizations and list all allergies).

Immunizations: DPT _____ MMR _____ TB _____ Polio _____ Other _____

Allergies: Insect Stings _____ Asthma _____ Food _____ Other _____

Please list any surgeries child has had _____

Please use this space to supply *Texas Tech Equestrian Center* with any information (physical, medical, social, psychological, etc.) that you feel will be helpful for us to know about working with this camper.

Riding Level?

___ BEGINNER (little or no riding experience or lacks confidence)

___ NOVICE (can ride a gentle horse at a walk, perhaps trot a little)

___ INTERMEDIATE (can walk, trot, canter but needs to improve skills)

___ ADVANCED (previous experience and instruction, good form & control)

2008 SUMMER DAY CAMP AVAILABLE WEEKS ARE: (CIRCLE ONE)

Camp Session #1: May 26-29, 2009 ½ Day AM (Pre-K) Camp Session #2: June 8 – 12, 2009 ½ Day AM

Camp Session #3: June 22-26, 2009 Full Day Camp Session #4: July 6–10, 2009 Full Day

Camp Session #5: July 20-24, 2009 ½ Day PM Camp Session #6: Aug 3-7, 2009 ½ Day AM

Camp Hours: Full Day: 9:00a.m. to 4:30pm ½ Day AM: 8:30a.m. to 12:30p.m. ½ Day PM: 1:00p.m. to 5:00p.m.

Early Drop off is at 8am, and Late Pick-up is at 6:00 p.m. Check here if needed _____

WHAT TO BRING: Each camper must bring sunscreen

TUITION: Payable in advance Full Day \$500.00 Half Day \$300.00

Early Drop off or Late Pick-up is available on request. There is a \$25.00 fee for this service. Please check if needed.

Payment must accompany registration. Reserve your spot early by sending \$100.00 non-refundable deposit 2 weeks before camp session begins.

REGISTRATION WILL BE PROCESSED UPON RECEIPT OF REGISTRATION FORM AND PAYMENT. A CONFIRMATION LETTER OR PHONE CALL WILL BE GIVEN UPON ACCEPTANCE OF REGISTRATION.

TEXAS TECH EQUESTRIAN CENTER T-SHIRTS REQUESTED:

CAMPERS: INCLUDED IN TUITION CIRCLE ONE: CHILD'S S M L ADULT'S S M L
T-SHIRTS WILL BE AVAILABLE FOR SALE TO NON-CAMPERS FOR CHILD'S SIZES \$12 ADULT'S SIZES \$15

NATURE OF THE HORSE: Horseback riding is classified as RUGGED ADVENTURE RECREATIONS SL SPORT ACTIVITY, and there are numerous obvious and non-obvious inherent risk always present in such activity despite all safety precautions. No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 to 6 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal, the human, tries to control and become one unit of movement with another much larger stronger prey animal, the horse, with each having a limited understanding to the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short; changing direction or speed at will; shifting its weight from side to side, bucking, rearing, falling, biting, kicking or running from what it perceives as danger.

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICES AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY AND OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Signature of Parent or Legal Guardian: _____ Date: _____

PERSONS TO CONTACT IN CASE OF EMERGENCY

1. _____
Name Address Home Phone Cell Phone

2. _____
Name Address Home Phone Cell Phone

HEALTH INSURANCE INFORMATION

Name of Policy Holder: _____ Address _____

Company _____ Policy No. _____ Phone _____

In the event that none of the above can be reached, instructors, agents and employees of *Texas Tech Equestrian Center* are given permission to contact the necessary professionals.

Doctor _____ Phone _____ Hospital _____

RELEASE OF LIABILITY:

It is further understood that *Texas Tech Equestrian Center*, and its instructors, agents and employees are hereby released from all liability with respect to any accident that might occur. I also understand that *Texas Tech Equestrian Center* does not provide accident insurance.

CONDITIONS OF NATURE AND INSPECTION OF PREMISES:

I understand that: *Texas Tech Equestrian Center* is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. Some examples are: Thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man made changes in landscape. The parent or legal guardian have inspected the instructional facilities and are satisfied that all premise conditions are reasonable safe for the rider's intended purpose, usage and presence upon *Texas Tech Equestrian Center*.

Signed: _____ Print Name _____ Date _____