



**EQUESTRIAN CENTER**

12118 Ellis Rd. ♦ Highland, IL 62249 ♦ 618-654-3401  
Patti Gleason – 314-680-5086 or Kevin Gleason – 618-567-5477  
www.highlandsaddleclub.com

***Pony Camp Registration Form***

Circle week(s) attending: Week 1   Week 2   Week 3   Week 4   Week 5   Week 6   Week 7

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male/Female

Name Camper goes by \_\_\_\_\_

Address \_\_\_\_\_

***Riding Level*** (circle)   No Lessons   Some Lessons   Experienced Rider

Name of Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Insurance Name \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

List food allergies or other health concerns: \_\_\_\_\_

Medications to be taken at camp: \_\_\_\_\_

***Participation Agreement/Refund Policy***

I approve this registration and certify that the camper is capable of such an experience. I agree to pay \$275 for one week of camp. **To hold a space, a \$100 non-refundable deposit is required.** Campers coming more than one week will receive a \$25 discount for each additional week attended. I understand that no refunds are given if a child leaves early due to homesickness or for disruptive behavior as determined by Camp Staff. If boarding camper's horse, Negative Coggins and health certificate is required. I grant permission for the camper to participate in all planned activities. In case of accident or illness, the Highland Saddle Club Equestrian Center (HSCEC) is authorized to secure emergency medical treatment. Any related expenses for medical attention will be my (the parent's) responsibility. The HSCEC is not responsible for lost, stolen or damaged personal items. I also authorize the HSCEC to take photographs and/or video of the camper and use them for promotional purposes. I agree to waive any claims against the HSCEC and its volunteers, along with Michele Jones-Vargas, for injuries or damages that may result from the conduct of other persons, including participants in camp programs.

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