

# SPRINGBROOK SUMMER 2018 RIDING CAMP APPLICATION

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|--|--|--|
| <input type="checkbox"/> June 18 - June 22 | <input type="checkbox"/> July 16 - July 20 | <input type="checkbox"/> Aug 6 - Aug 10  |
| <input type="checkbox"/> June 25 - June 29 | <input type="checkbox"/> July 23 - July 27 | <input type="checkbox"/> Aug 13 - Aug 17 |
| <input type="checkbox"/> July 9 - July 13  | <input type="checkbox"/> July 30 - Aug 3   | <input type="checkbox"/> Aug 20 - Aug 24 |

**CAMPER INFORMATION** NAME: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Check here if camper is a current Springbrook Rider and skip to \*Known medical conditions. Does the camper have any physical and/or mental health conditions, problems, disorders and/or disabilities with special needs which may affect his/her safety to ride a horse? YES NO If yes, describe on back. Has the camper ever taken riding lessons before? Yes No If Yes: When: \_\_\_\_\_

Where: \_\_\_\_\_ Level: \_\_\_\_\_

If no previous experience please register for a lesson or two before the camp week.

\*KNOWN MEDICAL CONDITIONS/AND ALLERGIES \_\_\_\_\_

Check here if additional medical information is on back.

**PARENTS OR GUARDIANS** Names: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE BEST#: \_\_\_\_\_

PHONE #2: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**NOTICE:** UNDER THE MICHIGAN EQUINE LIABILITY ACT AN EQUINE PROFESSIONAL IS NOT LIABLE FOR THE INJURY TO OR THE DEATH OF A PARTICIPANT IN THE EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.

## **PAYMENT INFORMATION**

The cost for each week is \$395 per camper. A non-refundable deposit of \$100 per week is due with each registration to hold your place until May 20th. The remaining non-refundable fees must be paid in full by May 20th. Reserved week(s) with balances after May 20th will be forfeited and offered to the next person on the waiting list.

Check # \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_

Signature to confirm information above and payment information.

Mastercard or Visa

\$ \_\_\_\_\_ Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_\_

Below enter address where credit card statement is mailed if different than above:

\_\_\_\_\_

**Office Use:** Monday Tuesday Wednesday Thursday Friday  
In and Out:  
Latch Key:  
Book Rental:



**SPRINGBROOK**  
EQUESTRIAN CENTER

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