

SPRINGBROOK SUMMER 2018 RIDING CAMP APPLICATION

WEEK ADDED - August 27 - August 31

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 is \$395 per week per camper. Full payment is due with each application to hold your campers reservation. Refunds may be given if a two week written notice for cancelation is given and your campers reserved spot is filled with another camper.

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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