

# SUMMER CAMPS 2009:

## Horse and Pony Adventures at...



**Riding Adventure Camps for 4-6 years of age, Tues-Fri, 7:45a-12n:**

June 2-5, June 9-12, June 16-19, June 23-26, July 7-10, July 14-17

(6 campers per week)

\$480/wk

**Riding Adventure Camps for 7-10 years of age, Tues-Fri, 7:45a-2p:**

July 21-24, July 28-31

(10 campers per week)

\$650/wk; a 2<sup>nd</sup> sibling or 2<sup>nd</sup> week at \$500

**Horse Journaling Classes for ages 11 and up, 4x/mo, 1p-2p (non-riding):**

\$120/session; contact Tiffany at [bequine@hotmail.com](mailto:bequine@hotmail.com)/971-227-6720 for class information

Tiffany Watkins is Chastain Horse Park's Camp Director. A Chastain Horse Park instructor, she holds a M.S. in Outdoor Education and a B.S. in Animal Science as well as riding instructor certifications. She has over 10 years experience in the camping industry, and a lifetime of experience with horses and children.

CAMP REGISTRATION FORMS ARE ACCESSIBLE AT [WWW.CHASTAINHORSEPARK.ORG](http://WWW.CHASTAINHORSEPARK.ORG)

- Students with special needs or those enrolled in the Therapeutic Program are *not* eligible for these camps. Please contact the park's Therapeutic Program for summer riding for children with special needs.
- Camp fees may be paid by check to Chastain Horse Park, \$200 upon registration, and the balance by May 1. No refunds are given.

Chastain Horse Park is a 501(c)3 nonprofit, a NARHA "Premier Accredited Center."  
*Your participation helps support the park's special needs riders and children at-risk.*  
Thank you for joining Chastain Horse Park's summer camps!

[www.chastainhorsepark.org](http://www.chastainhorsepark.org)

[mbranton@chastainhorsepark.org](mailto:mbranton@chastainhorsepark.org)

Chastain Horse Park \* 4371 Powers Ferry Road, Atlanta GA 30327 \* Ph 404-252-4244 x27 \* Fax 404-252-1106



## Camp Registration Form

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Sex: M/F Camp Date(s) \_\_\_\_\_

Mom/Other \_\_\_\_\_ Day Phone(s) \_\_\_\_\_

Dad/Other \_\_\_\_\_ Day Phone(s) \_\_\_\_\_

Name of Person(s) Other than Parent, Approved to Pick Up Child from Camp:

Parent/Guardian Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ relation \_\_\_\_\_ Phone(s) \_\_\_\_\_

Medications:

Allergies:

Dietary Restrictions:

Horse experience:

Shirt Size:

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**PHOTO RELEASE:** I hereby consent to and authorize the use and reproduction by Chastain Horse Park of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

**LIABILITY RELEASE:**

I acknowledge the risks and potential risks of horseback riding, including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on rider, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the child I care for are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Chastain Horse Park, its board of directors, instructors, therapists, volunteers and/or Employees for any and all injuries and/or losses I may sustain as a result of use of Chastain Horse Park property, equipment, or facilities while participating in Camp.

**EMERGENCY RELEASE:** In the event emergency medical aid/treatment is required due to illness or injury while participating in Camp, I authorize Chastain Horse Park to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-rays, surgery, hospitalization, medication and any treatment deemed "life saving" by the physician. This provision will only be invoked if the parent/guardian or emergency contact person listed cannot be reached.

**WARNING -Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.**

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*I have read the above releases, and give Photo, Liability, and Emergency Consent, as described above:*

**\*\*** Signature (parent / guardian) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name \_\_\_\_\_

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Mail to: Chastain Horse Park \* Attn: Mandy Branton \*4371 Powers Ferry Road, Atlanta GA 30327  
Fax to: 404-252-1106 \* Ph. 404-252-4244, ext. 27 \* e-mail mbranton@chastainhorsepark.org  
If onsite: Place in brass drop box beside the Clubhouse's front door.