



## Sterling Equestrian Center Summer Camp Registration 2017

OFFICE USE ONLY	
Session #:	
PAID Check #	
Amt	
Balance	

Camper's Name: \_\_\_\_\_ Male/Female Age: \_\_

Date of Birth: \_\_\_\_\_ School/Grade Fall of 2017 \_\_\_\_\_

Parent(s) names: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**Emergency Contact Information:** Phone # to call: \_\_\_\_\_

Contact name and relation: \_\_\_\_\_

Dr's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Indicate which session(s) you are interested in attending (all camps are 8:30am to 2pm daily):**

Camp Levels	Dates (circle preference)	Cost*	Basic Requirements
Pre-Ameoba / Beginner	June 12 <sup>th</sup> -June 16 <sup>th</sup> June 19 <sup>th</sup> - June 23 <sup>rd</sup> June 26 <sup>th</sup> -June 30 <sup>th</sup> July 10 <sup>th</sup> -July 14 <sup>th</sup> July 24 <sup>th</sup> -July 28 <sup>th</sup>	\$350	Appropriate for all ages
Ameoba /Intermediate	July 18 <sup>th</sup> -July 22 <sup>nd</sup>	\$500	Requires experience/Off campus show included
Advanced Camp/ Off Campus, Overnight Show	TBA	TBA	For qualified current Sterling students

**\*A non-refundable deposit of 50% is required with your application. Please mail this completed form and check (made out to Sterling Equestrian Center) to the following address:**

**Sterling Equestrian Center  
3504 Wellsley Drive  
Powder Springs, GA 30127**

**PLEASE DO NOT DROP OFF YOUR FORM AND DEPOSIT AT THE BARN!**

**Final payment is due the first day of camp at the registration table.**

Jodhpurs or long pants, suitable shoes with a heel, helmet optional, plenty of water, lunch, sunscreen, and your smile! All other equipment will be provided.

Parent Permission:

I give permission for my child to attend all of the activities which are included with the 2017 Sterling Equestrian Center Summer Camps.

In addition to myself, I allow my child to be released to the following people:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Please contact Mandy Stooksbury at  
mstooksbury@bellsouth.net.

~ We look forward to seeing you at camp this summer! ~

**Sterling Equestrian Center**  
**Release and Waiver of Liability**

The undersigned Camp Participant/Rider (and his/her parent or guardian) acknowledges that activities with and around horses, horseback riding, and related activities involve inherent risks, which are understood by the persons signing and are expressly assumed.

In consideration of being permitted to participate in Sterling Equestrian Center's summer camp, horseback riding lessons, and related activities, the undersigned Camp Participant/Rider (and his/her parent or guardian), for her/himself, guardians, personal representatives, heirs, and legal representatives, hereby releases, waives, discharges and covenants not to sue or bring any claim against Cathy Stephenson or Fox Lair Farm, LLC d/b/a Sterling Equestrian Center, its officers, members, employees, guests, instructors, camp counselors, or independent contractors (the "Releasees") for any loss, damage, liability, claim, injury to person or property, or resulting in death of the Camp Participant/Rider, however caused, resulting directly or indirectly from the Camp Participant/Rider's participation in Summer Camp activities, horseback riding lessons or related activities. Camp Participant/Rider (and his/her parent/guardian) further accepts and assumes all risks of injury and/or damage or person or property, including death.

In the event of injury to the undersigned Camp Participant/Rider, permission is hereby given to Releasees to seek emergency medical treatment. Camp Participant/Rider (and his/her parent/guardian) further releases the Releasees from any claim on account of first aid, treatment, or service rendered to Camp Participant/Rider.

The Camp Participant/Rider (and his/her parent/guardian) agrees to adhere to the barn rules and instructions of Cathy Stephenson and/or camp counselors as these rules are intended to reduce risk of injury.

**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.**

The undersigned Camp Participant/Rider (and his/her parent/guardian) have carefully read and understand this Release and Waiver of Liability.

Date: \_\_\_\_\_

Camp Participant/Rider: \_\_\_\_\_  
(printed name)

Signature of Camp Participant/Rider's parent or guardian required:

Parent: \_\_\_\_\_  
(printed name)

Parent Signature: \_\_\_\_\_