

**Reddemeade Equestrian Center  
1701 Ednor Rd, Silver Spring  
Md 20905  
301-421-9064  
ww.reddemeade.com**

**MINI CAMPS 2012**

**Please circle the date(s) which campers are attending  
Mon, Jan 16; Mon, Jan 23; Mon, Feb 20; Fri, Mar 30; Mon, May 28**

**Cost is \$90 per day; \$16 per day for extended care**

**A \$50.00 ADMINISTRATIVE FEE WILL BE CHARGED TO ANY CAMPER WITHDRAWING FROM CAMP**

Camper's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Home

Work

Cell

Email \_\_\_\_\_

(confirmations sent via email)

Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Person(s) authorized to pick up camper \_\_\_\_\_

Has the camper ridden before \_\_\_\_\_ Taken lessons (number of years) \_\_\_\_\_

Level of skill: please circle highest level walk trot canter jump

Does the camper have any physical and/or medical condition, problem, disorder which may affect his/her safety and/or ability to ride:

YES NO If YES, describe here \_\_\_\_\_

How did you hear about us? Newspaper, internet, friends, sign, yellow pages, other

The Undersigned has been advised that horses can be unpredictable & there is a risk of serious injury or death involved in grooming, handling or riding them. The Undersigned agrees to assume such risk when using Reddemeade Equestrian Center (REC) horses. Also, the Undersigned, along with family, estate, heirs or assigns agrees to release/hold harmless REC, its agents & employees, from & against any claim, action, damage, expense, loss or liability paid, suffered, or incurred, whether or not foreseen, as a result of using REC horses & equipment. In consideration of the above, the Undersigned agrees to abide by all rules & regulations which may be posted in the barn or announced by a REC agent or employee.

**REC has the right to refuse or terminate enrollment of any child.**

**CAMPERS MAY BORROW A HELMET FROM REC IF THEY DO NOT HAVE THEIR OWN**

**I HAVE READ THE ABOVE RELEASE OF LIABILITY AND UNDERSTAND ITS PROVISIONS**

Guardian/Licensee signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Credit Card Nr \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_

Total Amt. \_\_\_\_\_ Deposit. \_\_\_\_\_ Balance \_\_\_\_\_

Check Nr \_\_\_\_\_

Name on check \_\_\_\_\_

Total Amt. \_\_\_\_\_ Deposit. \_\_\_\_\_ Balance \_\_\_\_\_