

2020 SUMMER HORSE CAMP/INTERNSHIP
REGISTRATION
AT

REBA FARM INN
SADDLE SOAR EQUITAINMENT
1099 Reba Farm Lane
Bedford VA 24512
540-583-1906

CAMPER'S NAME:

WEEK #: _____ OVERNIGHT: _____ DAYTIME: _____

PARENTS'/GUARDIANS' NAMES:

HOME PHONE:

WORK PHONE:

CELL PHONE:

EMAIL:

WHO TO CALL IF PARENT/GUARDIAN IS NOT
AVAILABLE:

NAME:

RELATIONSHIP TO CAMPER:

HOME PHONE:

WORK PHONE:

CELL PHONE:

Parent/Guardian Authorizations:

I indemnify and hold harmless Reba Farm Inn/Saddle Soar Equitainment and it's staff and officers from any and all liability, claims, damage, injury or illness sustained by my child, and

I understand the active nature of the camp activities and give permission for my child to participate fully and to engage in all camp activities unless otherwise noted below, and

Should it become necessary for my child to return home because of illness or other reason, I will abide by the Camp's decision and arrange for transportation, and

By registering my child into this camp program there might be off-site activities (for example: boating at Smith Mtn Lake, staff acquiring supplies, dining off-site, etc.) I permit my child to participate in these off-site activities, and

I understand that my child needs to follow good behavior at camp and rules of the camp during their stay, and

I permit camp photos, video and audio of activities or interviews that my include my child to be used in camp promotion without liability or remuneration, and

I verify the Physical Assessment of this camper as described below:

Physical Assessment of Camper by parent, legal guardian or medical personnel: We encourage parents/guardians to consult your child's primary care physician to assess your child's current health and physical abilities. Provide any updates or changes to this information at check-in.

This child is physically able to participate in all camp activities as described in the registration/brochure and I will provided an update to this child's health status, if any, at check-in.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

PRINTED NAME: _____

DATE: _____

PHONE NUMBER: _____