

# MAPLE VALLEY ACRES HORSE/PONY CAMP REGISTRATION

1951 Parkway West  
Harrisburg, PA 17112  
(717)826-1199

**\*Pony Camp 9:30am-3:30pm - \$300**

**\*Horse Camp 9:30am-3:30pm - \$300**

Please fill out a form for each camper.

**\*Let us know how you heard about Maple Valley Acres Horse/Pony Camp!\***

Facebook \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Flyer \_\_\_\_\_ Other \_\_\_\_\_

Registration due by June 1st:

Camp 1. Pony (ages 4-9) June 20th-22nd Camp Selection (x) \_\_\_\_\_

Camp 2 Horse (ages 10-16) June 27th-29th Camp Selection (x) \_\_\_\_\_

Registration due by July 1st:

Camp 3 Pony (ages 4-8) July 25th-27th Camp Selection (x) \_\_\_\_\_

Camp 4 Horse (ages 9-13) August 1st-3rd Camp Selection (x) \_\_\_\_\_

T shirt size: Child's Sm \_\_\_\_\_ Child's Md \_\_\_\_\_ Child's Lrg \_\_\_\_\_ Child's XL \_\_\_\_\_ Adlt Sm \_\_\_\_\_ Adlt Md \_\_\_\_\_ Adlt Lrg \_\_\_\_\_

Eligible for Sibling Discount -more than one child per household (-\$25) – per camper \_\_\_\_\_

Late Registration Fee (+\$25) - per camper \_\_\_\_\_



**\$50 NON refundable deposit due at time of registration**

**Form of payment** \_\_\_\_\_

**Total Amount Due (\$300 +/-)** \_\_\_\_\_ **Amount Paid at Time of Registration** \_\_\_\_\_

Checks can be made out to "Maple Valley Acres" and mailed to the above address.

You can pay in full upon registration or remaining balance on the first day of camp.

If paid in full, full payment less the deposit will be returned if there is a camper cancellation BEFORE their camp's scheduled start date.

-Please provide a packed lunch for each day of camp, afternoon snack will be provided.

-All children must wear long pants and closed toe shoes

## Maple Valley Acres Horse/Pony Camp Registration

### Child

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

### Parent/Guardian - Contact Information (Please list preferred contact first)

#### Parent/Guardian #1

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell

phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

#### Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell

phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

### Additional Emergency Contact Information

#### Emergency Contact #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell

Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

#### Emergency Contact #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell

Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

### Alternate Pickup/Release

Please list those people including **in addition to** parents/guardians who are permitted to pick up your child: 1:

\_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

## Maple Valley Acres Horse/Pony Camp Registration

### Medical Release Information

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical concern, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, **Allergies**).

Medical Problem /Allergies Required treatment

\_\_\_\_\_  
\_\_\_\_\_

**The purpose of the above information is to ensure that medical personnel have details of any medical issue that may affect treatment if necessary.**

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Legal Guardian's Printed Name \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Photo Release**

I hereby give permission for my child to be photographed during **Maple Valley Acres Horse/Pony Camp**. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **Maple Valley Acres**.

Parent's/Guardian's Signature \_\_\_\_\_

### **REFUNDS**

I understand that no fees will be refunded for missed days or illnesses during scheduled camp dates with the exception of change made by MAPLE VALLEY ACRES due to severe weather/unforeseen circumstances. \$50 is due upon camp registration for the weeks registered and is non refundable.

Parent/Legal Guardian's Signature \_\_\_\_\_