

Camp Application

Dear Camper and Parent:

We are very excited you have decided to spend some time at Horsin' Around Stables, with horses and our crew! Our camps are for ages 4 to 16 years of age. Camps allow campers to learn about horses in a safe environment. Each day campers will receive both mounted riding and ground lessons in order to learn proper horsemanship while having tons of fun! Plus, campers will learn all about horses and what it takes to care for them.

The camps listed below follow Gloucester County no school days. If they become make-up school days, camp will be canceled and you will receive a full refund. Camp runs year round from 9am to 1pm and the cost is \$50 per day/per camper. Before and after camp care is available for an additional cost of \$5 per hour. Please request before and after camp care to ensure a staff member will prepare to come early or stay later than normal hours. Please contact Pam at 757-870-5080 if you have any questions.

Please plan to arrive no early than 8:55am and drop campers off at the barn and return no later than 1pm for pickup.

- Dress Code: Please dress for the weather and riding; working outside and in the barn, painting. Long pants are preferred as well as closed toe shoes or tennis shoes. Riding helmets will be provided.
- Food: Please bring your own lunch, snacks and water bottle.
- Electronics: Please plan to leave your electronics in your bags. You will not be permitted to use them during camp activities/hours.
- Parents: It is best to drop your children off. Safety is our biggest concern while working with horses and your children. If they are looking for you or posing for pictures they are not focused on what we are doing and it poses a safety risk for everyone. If you choose to stay, you must observe from a distance, parents are not allowed in the barn or riding ring during camp.

Happy Trails,
Pam

2018 CAMP
REGISTRATION

Spring Break Camp
9AM – 1PM



9131 Davenport Rd
Gloucester, VA 23061
757-870-5080

Pam@horsin-a-round.com

WWW.Horsin-a-round.COM

Participant:			DOB:
Age:	Height:	Weight:	Gender: M F
Emergency Contact/Number:			
Emergency Contact/Number:			
Email:			
Does participant have any physical or mental condition(s) that may affect his/her safety and ability to ride a horse? YES NO			
If you circled "YES", how can we help this participant with his/her special needs?			

SESSION	✓	COST	Camp Ages 4 - 16
1		\$200	April 2-5
		CAMP TOTAL	
		Total Due	
		Checks payable to: Star Riding Academy, INC	

I would like before camp care: _____ (please list times)
I would like after camp care: _____ (please list times)