



Lionheart Stables 2026 Summer Camp Enrollment Form

Camper's Name: _____ Date of Birth: _____

Address: _____

Primary Contact(Name/Relationship/Number):

Secondary Emergency Contact (Name/Relationship/Number):

Any known allergies: _____

Current medications (if any): _____

Camper's Horse Experience (Please circle):

N/A Pony Ride Trail Ride Lessons

T-Shirt Size (Please circle):

S M L

*Please indicate which week(s) you are enrolling your child in

| Camp Week | |
|---|--|
| June 22-26 (\$650pp) (9am-2pm)5yr-15 | |
| June 29 -July 3 (\$650pp) (9am-2pm)5yr-15 | |
| July 13 - 17 (\$650pp) (9am-2pm)5yr-15 | |
| July 20 - 24 (\$650pp) (9am-2pm)5yr-15 | |
| Aug 17 - 21 (\$650pp) (9am-2pm)5yr-15 | |
| Aug 24 - 28 (\$650pp) (9am-2pm)5yr-15 | |

Total Due: _____



Payment: Payment is due at the time of enrollment. Acceptable forms of payment: Cash, check, Venmo (@Chrystal-Reilly), Zelle@718-702-3287. ***Early Bird -Before June 1 st and multiweek discounts.**

Cancellation Policy: Since we have limited spots available for camp, we are unable to provide a refund should you cancel any weeks of camp.

Do you give permission for anyone else to pick up your child?

Please give us detail:

Parent Permission and Media Release Form

PARENT PERMISSION

I certify that my child, _____(print name), is healthy and free of problems that could be deleterious to his/her participation in Lionheart Stables Summer Camp. In case of injury, I wish to be contacted as soon as possible at the telephone number listed above. If I cannot be reached, please contact the emergency number that I have provided.

I also give permission to treat my child in the event of an emergency if I or the emergency contact cannot be contacted. In the event of serious illness or injury, and so that my child may be sent to a local hospital via ambulance, I understand that I am responsible for all charges either through health insurance or otherwise.



Media Release

I give permission to Lionheart Stables Summer Camp to use photographs, audio and video of my child for promotional purposes on our website, social media (Instagram and Facebook), summer camp flyers and other marketing materials.

I Do Authorize (Initial)_____

I Do NOT Authorize (Initial)_____

Signature: _____

Relationship to child: _____