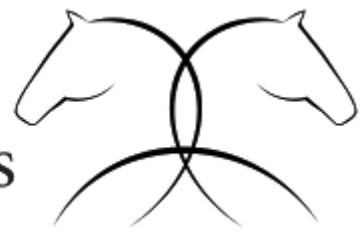


WATTLAND II

PERFORMANCE HORSES



Wattland II Summer Camp Registration

This summer we would be pleased to have your child join us at Wattland II Summer Horse Camp.

Camp is Mondays to Thursday from 9:00 AM to 2:00 PM.

Costs are \$270 per week or \$70 per day.

After care is available for a small fee upon request

There will be Horseback riding every morning, Equine Inspired Arts & Crafts in the afternoon, along with Swimming, Games & just having fun all day long!

This camp is for riders (boys & girls) 5 years of age and older.

All activities will be supervised and there is a maximum of 15 children per week.

Riders will be grouped together according to their riding ability or they will be instructed individually.

We hope you will come and enjoy the summer with us at our barn!

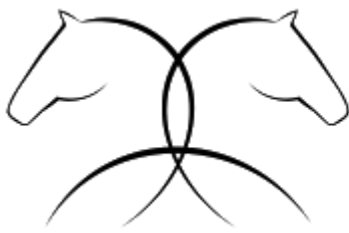
See you soon!

Summer Camp Check List

- Riding Waiver, Swimming Waiver, Photography Waiver and Forms
- Long Pants
- Shoe or Boot with Heel
- Riding Helmet if you have one
- Swim Suit, Sunscreen, Towel
- Change of Clothes (after Riding & Swimming)
- Bagged Lunch and plenty of Water

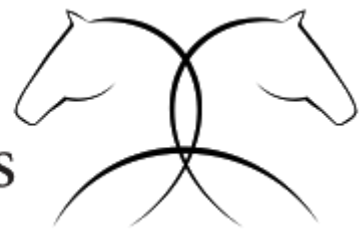
IT IS HOT OUTSIDE DURING SUMMER SO PLEASE REMEMBER TO SEND PLENTY OF FLUIDS

****IF IT IS RAINING OR WE CANNOT RIDE IN THE ARENA WE WILL CONTACT YOU REGARDS
OFFSITE ACTIVITIES****



WATTLAND II

PERFORMANCE HORSES



Wattland II Summer Camp Registration

My Child would like to attend:
(check all that apply)

- June 1 - 4
- June 8 - 11
- June 15 -18 TO BE CONFIRMED
- June 22 - 25 TO BE CONFIRMED
- June 29 - July 2 TO BE CONFIRMED
- July 6 - 9 TO BE CONFIRMED
- July 13 - 16
- July 20 - 23
- July 27 - 30
- August 3 - 6

Enclosed is my NON-REFUNDABLE deposit of \$50 per child

Name: _____

Address: _____

Age: _____ Telephone: _____

Email: _____

Parent/Guardian: _____

For any additional questions feel free to contact Dawn Watt at
954-520-5561
wattshowhorses@yahoo.com

Or simply send completed form and Deposit to:

Wattland II
4845 NW 89th Terrace
Coral Springs 33067

In Case of Emergency

1)Name: _____

Address: _____

Relationship: _____

Telephone: _____

2)Name: _____

Address: _____

Relationship: _____

Telephone: _____

If the above cannot be reached, we give Wattland II full permission to act in the best interest of the child.

Signature of Parent or Legal Guardian

Date___/___/2020

Insurance Information:

Carrier: _____

Subscriber: _____

Group/ID #: _____

Primary Care Dr.: _____

Hospital Preference: _____

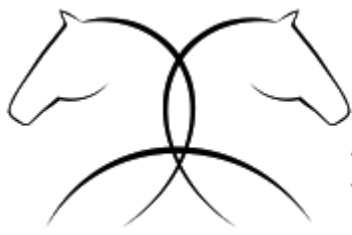
Allergies and Other Important Medical Information:

Liability Form

The undersigned does hereby agree to hold harmless and indemnify Wattland II or Dawn Watt of 8000 NW 84th Avenue, Parkland , Florida and Staff, and further release them from any liability or responsibility for accident, damage, injury or illness to the undersigned or to any horse ridden or leased by the undersigned on the premises.

Signature of Parent or Legal Guardian

Date___/___/2020



WATTLAND II

PERFORMANCE HORSES



Wattland II Summer Camp Registration