## BRANDYWINE SPRINGS SOUTH STABLES, INC.

## HORSE CAMP REGISTRATION

DATES: June 24th - June 28th, 2024

NAME:	
AGE:DATE OF BIRTH:	
PARENT'S NAME:	PHONE NUMBER:
IN CASE OF EMERGENCY: NAME AND PHONE NU	JMBER:
PERSONS AUTHORIZED TO PICK UP YOUR CHILD	:
PHYSICIAN:	PHONE NUMBER:
HOSPITAL PREFERENCE:	
WILL YOUR CHILD NEED TO TAKE MEDICATION V	WHILE ATTENDING CAMP?
ALLERGIES/SEASONAL/FOOD/BEES, ECT	
OTHER CONCERNS, BEHAVIOR, PERSONALITY: _	
If your child needs to have medications while at camp, please turn it in at beginning of each day so that it does not get into hands of other campers. Camp hours are 8:00 to 4:00 Monday through Friday.	
Camp cost is \$400.00 with a deposit of \$50.00 due by June 1, 2024. Please mail deposit to Debra Campbell at 801 Roy Kindley Rd, Monroe, NC 28110. Make check payable to Brandywine Stables or Venmo to Debra-Campbell-30. Balance is due on the first day of camp.	
Monday through Thursday the camper will need to bring lunch. Please put name on all of the camper's belongings. We cannot be held responsible for lost items. Campers will need a drink and snacks. Lunch will be provided on Friday. We will also have a camp demonstration/show for the parents beginning approximately 1:00 so invite friends and family to come observe what your child has learned at camp.	
contact will be made. If I am unable to be reach medical help for my child. The instructors, camp cannot be held liable for any accident, injury or	and that every attempt to reach a parent or emergency ed I authorize Brandywine Stables to seek emergency counselors, volunteers, landowners and Brandywine death.
Parent/Guardian Signature:	Date: