

BRANDYWINE SPRINGS SOUTH STABLES, INC.

HORSE CAMP REGISTRATION

DATES: June 23rd - June 27th, 2025

NAME: _____

AGE: _____ DATE OF BIRTH: _____

PARENT'S NAME: _____ PHONE NUMBER: _____

IN CASE OF EMERGENCY: NAME AND PHONE NUMBER: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD: _____

PHYSICIAN: _____ PHONE NUMBER: _____

HOSPITAL PREFERENCE: _____

LIST MEDICAL CONDITIONS: _____

LIST MEDICATIONS: _____

WILL YOUR CHILD NEED TO TAKE MEDICATION WHILE ATTENDING CAMP? _____

ALLERGIES/SEASONAL/FOOD/BEEES, 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 3:00 Monday through Friday.

Camp cost is \$400.00 with a deposit of \$50.00 due by June 1, 2025. 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.

In the unlikely event of an emergency, I understand that every attempt to reach a parent or emergency contact will be made. If I am unable to be reached I authorize Brandywine Stables to seek emergency medical help for my child. The instructors, camp counselors, volunteers, landowners and Brandywine cannot be held liable for any accident, injury or death.

Parent/Guardian Signature: _____ Date: _____