

# Apex Riding Academy Camp Enrollment



**PLEASE PRINT CLEARLY:**

Camper's Name \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone: ( ) \_\_\_\_\_ Home/evening phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Email address (for announcements, special events, etc.): \_\_\_\_\_

If currently riding at ARA, indicate your Instructor: \_\_\_\_\_ Level \_\_\_\_\_  
If not riding at ARA, indicate your riding level: Beginner Intermediate Advanced-Intermediate Advanced

**CONTACT INFORMATION**

Mother's Name: \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Emergency Name: \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Health Insurance Carrier and Policy # \_\_\_\_\_  
*How did you hear about our camp?* \_\_\_\_\_

**THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.**

I hereby give permission to Apex Riding Academy to transport the child named above off the camp property for the purpose of medical care or program activities as deemed appropriate by the Camp Director. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the child named above. I understand that Apex Riding Academy/Daniel Training Center does not provide accident/medical insurance for the child named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below.

Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that Apex Riding Academy reserves the right to dismiss a child from camp whose special needs they are not able to provide for or whose conduct is not in the best interest of the camp community, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program.

I am aware of the following policies regarding camp fees:

- \* Deposits are non-refundable.
- \* No refunds or credits will be given for canceling within 14 days of my child's camp session.
- \* No refunds are given if a camper is dismissed from camp due to disciplinary action.
- \* No refunds are given if campers leave early due to homesickness or personal commitments.
- \* Account balances are due no later than 1<sup>st</sup> day of camp.
- \* Children either dropped before 7:30am and/or picked up after 12:00 noon are subject to a \$15 extended care fee for each occurrence.

Campers will need to bring a bag lunch, water and snacks will be supplied. Apex Riding Academy has my permission to use photographs taken of my child while at camp for promotional purposes.

**We or I (Parents/Guardians) have read and agree to all the conditions of this registration.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_/2009

Apex Riding Academy  
@ Daniel Training Center  
12051 N. 96th St  
Scottsdale, AZ 85260  
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