

Yuletide Pines Farm, Dr. Kathleen Blanche, owner
PO Box 337
7105 Harley Davidson Place
Port Tobacco, MD 20677-0337
240 320-4385 (business) (301) 934-1016 (Home)

Yuletide Pines 2024 Summer Riding Camp Information Packet

Weeklong camps Monday-Friday will be offered 8:30-4:00 with close adult supervision

-June 17-21(1 slot)-June 24-28 -July 1-3: 3 day trailride week -July 8-12 -July 15-19 -July 22-26 -July 29-Aug 1 -Aug 12-16 -Aug 19-23 (1 slot) -Aug 26-Sept 1:trailride week

One half day is dedicated to riding and horse related activities and one half day will be spent relaxing at a pool or, in the event of inclement weather, crafts and field trips.

Or

Transport and a daily guided trail ride and packed picnic lunch at the local equestrian parks (limited to four experienced riding campers with Dr. Kathy and senior counselor as the guides during the week you schedule.

Campers should bring their lunch and drink, 2 bottles of water, sunscreen, heeled shoes or riding boots, wear jeans or leggings, insect and tick repellent, bathing suit, flip-flops, towel, snack for pool. Please label all clothing.

Private pools conveniently located to the farm are used where pickup is at 4:00

\$395 week/child. (\$375 for multiple weeks/family members paid by May 1st) or \$80 /day per rider

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www.yuletidepines.com

2024 Yuletide Pines Summer Riding Camp Registration Form	
Camps date requested	
Camper's Name	
Age/ Height	
Medical/Special needs?	
Riding ability	
Swimming ability	
Allergies	
Physicians name/phone	
Parents/Contact name	
Address	
City/State/Zip	
Phone (Daytime/Evening)	
Email	
Emergency Contact/Phone	
Application date	
Remarks	

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2024 Yuletide Pines Riding Camp Waiver/Emergency Medical Information	
Name	Date of Birth
Parent/Guardian cell phone#	
Health Insurance Company	
Health Insurance ID#	Health Insurance Phone#
Family Physician	Phone#
Family Dentist	Phone#
Emergency Contact	Phone#
Brief Health History/Conditions	
Current Health Problems/Issues	
Allergies to Food/Insects	Medication
Current Medication	Allergies to Medication
Medication or Special Requests	
<p>In case of accident or serious illness, I request the Camp to contact me. If the Camp is unable to reach me, I hereby authorize the Camp to call the Physician or Dentist indicated and follow his/her instructions. If it is not possible to contact this health care provider, and the situation is a medical emergency, I authorize the Camp and any medical personnel to make the necessary and appropriate decisions concerning the health care of my child until I am available.</p>	
Parent/Guardian Signature	Date