



**Bridgeview Stables**  
**2011 Horseback Riding Camp Registration**

**Complete and return to:** Dana Rawson  
 Bridgeview Stables, 6950 NC Hwy 39 N, Henderson, NC 27537  
 Phone: 252-432-3759  
 Email: [bridgeview@raleigh.twcbc.com](mailto:bridgeview@raleigh.twcbc.com)  
 Website: [www.bridgeviewstables.com](http://www.bridgeviewstables.com)

**Print or Type**

Camper's Full Name \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female  
 Prefer to be called \_\_\_\_\_ Birth Date \_\_\_\_\_ Age at Camp \_\_\_\_\_  
 Person responsible for payment \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Work # \_\_\_\_\_  
 Emergency Contact (other than parents): Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Relationship to Camper \_\_\_\_\_  
 Camper's School \_\_\_\_\_ Present Grade \_\_\_\_\_  
 Is your child emotionally, behaviorally, or physically challenged? \_\_\_ No \_\_\_ Yes  
 (if yes, please explain)

**Check Session(s) Attending:**

\_\_\_ **June 6-10**                      \_\_\_ **June 27-July 1**                      \_\_\_ **July 25-29**  
 \_\_\_ **June 13-17**                      \_\_\_ **July 11-15**                      \_\_\_ **Aug 8-12**  
 \_\_\_ **June 20-24**                      \_\_\_ **July 18-22**

**Weekly Session Fees**

\_\_\_ # of Full-day Weeks Attending x \$350/week .....= \_\_\_\_\_  
 \_\_\_ # of Half-day Weeks Attending x \$250/week .....= \_\_\_\_\_  
 Sibling Discount, deduct \$25 (full-day) or \$15 (half-day) per child/week: .....= - \_\_\_\_\_  
 2 or more sessions, deduct \$25 (full-day) or \$15 (half-day) per child/week .....= - \_\_\_\_\_  
 If registering by April 30th, deduct \$25 per child from total .....= - \_\_\_\_\_

**Total Cost** .....= \_\_\_\_\_

**For weekly sessions, a \$50/week nonrefundable deposit is due at time of registration (even if taking advantage of discounts). The balance is due in full each week on the first day of camp.**

**Daily Session Fees**

\_\_\_ # of Full-day Sessions x \$75/day .....= \_\_\_\_\_  
 Sibling Discount, deduct \$5 per child/day for Full-day session .....= - \_\_\_\_\_  
 \_\_\_ # of Half-day Sessions x \$40/day (not eligible for any discounts) .....= \_\_\_\_\_  
**Total Cost .....**= \_\_\_\_\_  
 \_\_\_\_\_

In the event of an emergency in which the parent cannot be contacted, the parent(s) agree to allow the staff members of Bridgeview Stables to take appropriate action in the best interest of the child.

I permit Bridgeview Stables to use pictures of my child as a camp participant in promotional literature, promotional videos, and the Bridgeview Stables website, which are published and used by Bridgeview Stables. I understand that my child's photo or likeness may appear in news media. I understand that my child's name will not be published or broadcast without the parent(s) written consent.

I understand that there are inherent risks associated with horseback riding, and I agree to assume them on behalf of my child.

All children must wear a helmet when riding horses. Helmets will be provided by Bridgeview Stables, but children may bring their own provided that they are SEI certified ASTM helmets. (If your child's helmet is, it will be indicated on the inside of the helmet).

I understand that Bridgeview Stables assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in camp activities. In consideration of the privilege of participating at camp, I hereby voluntarily release and discharge Bridgeview Stables, its agents, contract services, servants, and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in camp activities.

Participants are responsible for their own accident insurance when participating in activities offered by Bridgeview Stables.

I understand that while Bridgeview Stables will make every attempt to provide reasonable accommodations for every applicant, Bridgeview Stables reserves the right to decline the application of, or send home, any child who according to Bridgeview Stables is detrimental to the general welfare of camp and other campers. I understand that in such a situation, tuition is nonrefundable.

I understand that non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness or vacation.

I understand that Bridgeview Stables is not responsible for any personal items lost or stolen at our camp.

Bridgeview Stables does not normally administer any medication and will only do so when requested in writing by the child's parent or guardian.

Children may be dropped off between the hours of 7:30am and 8am and may be picked up between the hours of 4:30pm and 5:30pm if attending full-day and between 12pm and 1pm if attending half-day.

If you paid in full at the time of registration, camp fees minus the deposit are refundable provided you give 14 days notice prior to the session your child was scheduled to attend.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about Bridgeview Stables Horse Camp? \_\_\_ Current Client \_\_\_ Attended Last Year \_\_\_ Web \_\_\_ Friend/Relative \_\_\_ Newspaper Ad \_\_\_ Other If Other please state \_\_\_\_\_

What prompted your final decision to choose Bridgeview Stables?  
 \_\_\_ Farm Visit \_\_\_ Staff \_\_\_ Referral/Testimonial \_\_\_ Other

