



Hillside Stables

2720 Red Banks Rd N, Byhalia, MS 38611
901/857-7500 * 662/838-7500

REGISTRATION FORM

** PLEASE INCLUDE A RECENT PICTURE OF YOUR CHILD WITH THE REGISTRATION FORM SO THAT OUR CAMP COUNSELORS CAN LEARN ALL THE CAMPER'S NAMES **

CAMPER INFORMATION:

Camper's Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ ST: ____ Zip: _____

Grade completed at start of camp: _____ School: _____

Horsemanship Preference: Western _____ English _____ No Preference _____

Children's T-Shirt Size: _____

Describe the child's previous experiences with horses _____

Mother's Name: _____ Father's Name: _____

Mother's Occupation: _____ Father's Occupation: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

SELECT CAMP WEEK(S):

<input type="checkbox"/> June 2-6 <input type="checkbox"/> June 9-13 <input type="checkbox"/> July 14-18	# of camps x \$350.00	\$
Campers may attend days from several different weeks of camp for \$70 per day. Please mark the weeks and then note the specific dates of attendance.		\$
<input type="checkbox"/> June 2-6 <input type="checkbox"/> June 9-13 <input type="checkbox"/> July 14-18	# of days x \$70.00 please list dates attending:	
Subtract discount of 10% for early enrollment before May 1, 2014		- \$
Subtract discount of 5% for multiple camp weeks		- \$
Subtract deposit of \$50.00 for each week of camp or 15% of total for individual days requested		- \$
Balance due at start of camp		\$

Please check methods of payment:

_____ Deposit payment by check -- mail to Hillside Stables, 2720 Red Banks Rd N, Byhalia, MS 38611

_____ Deposit payment via Paypal -- list email address for invoice: _____

_____ I will make balance payment by check -- bring to Hillside Stables, 2720 Red Banks Rd N, Byhalia, MS

_____ I will make balance payment by paypal -- list email address for invoice: _____

I am paying my deposit of \$50.00 per week requested. I agree to pay the balance due on or before the first day of camp. I understand that half of the deposit fee is refundable up to one week before start of the week of camp requested. Within one week of camp requested, there will be no refunds. In the case of illness, the camp will refund 1/2 of the unused camp fee.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Has your child attended a day camp before? Yes ____ No ____ Where: _____
2. How did you learn about Hillside Stables Summer Camp? _____
3. Are there any health considerations, habits, physical problems that need to be brought to attention of the camp?
If necessary, attach letter of explanation. _____
4. Will you need extended care before or after camp? Yes ____ No ____ If yes, please list dates and times.
Extended care is \$5.00 per hour. _____
4. Name(s) of Person(s) Authorized to Pick up Camper: _____
5. Are there any activities that your child should not participate? _____
6. Special Instructions: _____

WHAT TO WEAR AND WHAT TO BRING: Campers should wear jeans or long pants (no shorts), boots with a 1/2" heel. Hillside has SEI certified riding helmets if the camper does not have their own (no bike helmets). Campers should bring their lunch with extra water for water breaks throughout the day. For crafts, camper should provide a shoe box or small plastic tote. Initial: _____

PHOTO AUTHORIZATION: Hillside Stables has my permission to use any picture or videos of my child made during camp, or any written material that she/he may write about camp, for promotional purposes. I understand that the Camp Director reserves the right to refuse enrollment of any child into the camp if she feels that it is in the best interest of the camp to do so. I additionally understand that the Camp Director reserves the right to terminate enrollment of any child if in the best interest of the camp. I agree that my child has permission to engage in all camp activities except where noted on the application form. Initial: _____

Whereas, the undersigned desires that instruction be given in horseback riding and to participate in equine activities with **Hillside Stables LLC, P. K. and Bill Theobald**, or instructors in their charge. The undersigned fully understands and agrees that in participating in all equine activities there is the possibility of accidental or other physical injury, property damage, or loss. *Therefore*, for good consideration, the undersigned agrees to assume full responsibility for the risk of such injury and hereby releases, discharges **Hillside Stables LLC, with P. K. and Bill Theobald**, instructors in their charge, land owners, employees, or owners of school horses, all individually and in all capacities which they may hold, their heirs, successors, assigns and personal representatives from any personal injury, property damage, or loss of any kind arising from any act of occurrence surrounding and/or connected with the participation in equine activities at any property run by **Hillside Stables LLC, with P. K. and Bill Theobald**, instructors in their charge, and/or employees. **WARNING:** Under Mississippi Law, an equine activity or professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to House Bill #96

I have read the release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

_____	_____	Home Phone _____
Parent's Signature	Date	Work Phone _____
		Cell Phone _____

Parent's Name (please print): _____

Student's Name (please print): _____