



Summer Camp at MTRA
Marion Therapeutic Riding Association, Inc.
6850 SE 41st Court, Ocala, Florida 34480
(352) 732-7300

2019 Summer Camp Application

This application is for:

- _____ Camp Week 1 June 10th – 14th
_____ Camp Week 2 June 17th – 21^{rst}
_____ Camp Week 3 June 24th – 28th
_____ Camp Week 4 July 8th – 12th
_____ Camp Week 5 July 15th - 19th
_____ Camp Week 6 July 22th – 26th

Camper Name: _____

Date of Birth: _____ / _____ / _____ Age: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

***A rider's maximum weight may not exceed 200 lbs. This limitation assures the wellness and optimum soundness of MTRA horses, ensures properly fitted equipment is available, and provides a safe environment for staff, volunteers, and participants. Participants over the maximum weight are encouraged to participate in un-mounted activities such as groundwork or Equine Facilitated Learning lessons.*

Email Address: _____

Are you enrolling more than one child from your household? Y____ N____

If so, please provide the names of siblings/other children you are enrolling

Home Ph: _____ Parent or Guardian Cell Ph: _____

Work Ph: _____

Gender (Circle One): Male Female

T Shirt Size (Circle One): Child: S M L XL Adult: S M L XL XXL

Current School: _____ Current Grade _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Camper _____

Address: _____

City: _____ State: _____ Zip Code: _____



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Emergency Contact Information

The first attempt will be made to contact the camper's parents/guardians. Emergency Contacts listed below must be able to pick your child up in the event of an emergency.

Emergency Contact 1

Name: _____ Relationship to Participant: _____

Home Ph: _____ Cell Ph: _____

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency: Yes / No

Emergency Contact 2

Name: _____ Relationship to Participant: _____

Home Ph: _____ Cell Ph: _____

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency: Yes / No

Additional Authorized Pick-up

1. _____
(Name, Contact #, Relationship)

2. _____
(Name, Contact #, Relationship)

- ❖ All campers may **ONLY** be picked up by the person (s) authorized by the registering parent/guardian.
- ❖ Drop off starts at 8:45 AM at MTRA, Camp begins at 9:00 AM
- ❖ Camp ends at Noon and pickup begins at that time.
- ❖ Please be on time when dropping off and picking up your child.



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Information for Parents and Guardians (Please keep this for reference)

Tuition (PER CAMPER)

- ❖ \$475 for full 2-wk session
- ❖ \$250 for 1-wk session
- ❖ Camp fees must be paid in full one week before first day of camp

Camp attire

- ❖ Campers must wear comfortable clothing that is appropriate for the weather and bring long pants for horseback riding. Closed toe and heel shoes, such as tennis shoes, are also a must. (MTRA has riding boots and helmets available for campers to use.)
- ❖ They should have a change of clothing, a towel, a hat, sun block and mosquito repellent.

Snacks

- ❖ Snacks and water are provided for all campers.

Contact Information

For more information or to contact camp staff call MTRA at (352) 732-7300

Please make sure you notify us if your camper will not be coming one day for any reason or if you are running late or have another issue with getting your camper here on time.



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EMERGENCY MEDICAL RELEASE

In case of a **Medical Emergency**, the undersigned authorizes **Marion Therapeutic Riding Association, Inc.** to provide such medical assistance as they determine to be necessary.

The undersigned authorizes any medical, surgical care, and/or hospital staff to provide care, including anesthetic, for the participant which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

No camper/rider can be accepted for camp/riding until this form has been completed by the Parent/Parents or Guardian/Guardians.

Yes, I would like _____ to be a part of the horsemanship camp at **Marion Therapeutic Riding Association, Inc.** and understand the inherent risk of equine activities and horseback riding.

SIGNATURE OF PARENT OR GUARDIAN _____

Date: _____

(Print name of parent or guardian) _____



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!!WARNING!!

UNDER FLORIDA LAW, AN EQUINE ACIVITY SPONSOR OR EQUINE 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. FL STATUTE #s773.01

LIABILITY RELEASE AGREEMENT

_____ (Camper's Name) would like to participate in the Marion Therapeutic Riding Association, Inc. equestrian-horsemanship day camp. I acknowledge the risks and potential for risks of equine activities and horseback riding. However, I feel that the possible benefits to my son/ my daughter/ my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Marion Therapeutic Riding Association, Inc., its Board of Directors, personnel/volunteers, for any and all injuries and/or losses my son / my daughter / my ward may sustain while participating in the equestrian-horsemanship day camp at Marion Therapeutic Riding Association, Inc.

Date: _____ Signature: _____
(Parent or Guardian)

PHOTO RELEASE



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I **DO**

I **DO NOT**

consent to and authorize the use and reproduction by **Marion Therapeutic Riding Association, Inc.** of any and all photographs and any other audiovisual materials taken of me / my son / my daughter / my ward for promotional printed material, educational activities, or for any other use for the benefit of **Marion Therapeutic Riding Association, Inc.**

Date: _____ **Signature:** _____
(Client, Parent or Guardian)