



SESSION OFFERED:
June 10-14
 TUITION \$250.00

Please send \$125 deposit to hold your space,
 and completed application to:
SHINING STARS
 3175 OLD HARRISBURG ROAD
 GETTYSBURG, PA 17325
 (Make checks out to "Shining Stars")

REGISTRATION for Shining Stars Summer Horse Camp (ages 7-14)

Rider's Name _____ Date of Birth _____

Address _____ Sex _____ Height _____ Weight _____

City/State/Zip _____ Telephone _____

Parent/Guardian's Name _____

Address _____

Telephone _____ email _____

Person to contact (during camp times 9am-3pm) if parent/guardian cannot be reached

Name _____

Address _____

Telephone _____ Cell# _____

Riding experience - never _____ several times _____ currently in lessons _____

School placement/grade _____

Is rider on any medications? _____

Allergies? _____

History of seizures? _____

Is there anything we need to know about challenges this rider is facing? _____

Does the Rider require any special accommodations? _____

BRING YOUR OWN PACKED LUNCH

Be sure lunches are labeled. Coolers will be available

Medical Release:

In case of a medical problem while my student is in class, I understand every reasonable effort will be made to contact me in case of an emergency. In the event that I cannot be reached, I give my permission (as signed below in the "Parent/Caregiver Consent") to the staff to secure appropriate medical treatment for him/her. I also give permission for release of information for insurance purposes.

Doctor's Name _____ Telephone _____

Hospital of Choice _____

PLEASE HAVE YOUR STUDENT'S MEDICAL DOCTOR WRITE A BRIEF NOTE WITH THEIR SIGNATURE WHICH GIVES PERMISSION FOR THE CHILD TO PARTICIPATE IN THIS PROGRAM:

Parent/Caregiver Consent:

I give my consent for my student to be photographed while attending class, or class-related activities. I also give permission for any photographs of him/her to be reproduced as publicity for the program or for training purposes.

I, as Parent/Caregiver, release the Shining Stars personnel of any responsibility except as agreed upon in this release. I have had the opportunity to discuss this agreement with the Program Instructor.

Signature Relationship to Student Date

Signature of Program Instructor

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We have access to an in-ground swimming pool 1 mile away from the farm. By signing this release you are allowing us to transport your rider to the pool at 41 Leedy Rd, Gettysburg, 17325

PROGRAM SLOTS ARE LIMITED.

If classes fill up before we receive your application, you will get a refund of your deposit.

PLEASE CALL RACHEL STONER @ 717-357-2774 IF YOU HAVE QUESTIONS

Shining Stars



Gettysburg, Pennsylvania
www.shiningstarstr.com