

RIVER CHASE EQUESTRIAN CENTER
SUMMER CAMPS
2022
REGISTRATION FORM



Cost \$500/week 9am-5pm (Extended Care available for \$120/week or \$25/day)
 Pony Pals (5-7) Monday-Friday, hours are 9:00am-12:00pm and the cost is \$285

Please circle each week(s) you would like to attend.

Week 1: June 20-24

Week 2: June 27-July 1

Week 3: July 4-8

Week 4: July 11-14

Week 5: July 18-22

Week 6: July 25-29

Week 7: August 1-5

Week 8: August 8-12

Week 9: August 15-19

Camper's Name _____

Age _____ Sex: M F

Parent's/Guardian's Name: _____

Street Address _____

City and State: _____ Zip Code: _____

Email: _____

Phone number/name: _____/_____

Emergency Contact/Relationship: _____

Phone Number _____

Riding Experience: Walk Trot Canter Jump

Extended Care: Yes ___ No ___ Extended care hours: 8:00am-6:00pm

Deposit: 1/2 the registration fee (\$250) is due with registration for a deposit. The balance will be due prior to the first day of Camp.

Cancellation/Refund Policy: A \$50 administrative fee will be charged if the camper cancels up to 14 days prior to the first day of camp. The remainder of your deposit will be refunded. Any cancellations within two weeks of the start day of your camp session will be charged 1/2 the deposit and the other half will be refunded.

RIVER CHASE EQUESTRIAN CENTER

Every registration form for the River Chase Farm Camps shall constitute an agreement and affirmation that the campers, rider and any of their agents or representatives acknowledge that they participate voluntarily in the Camps, fully aware that horse sports involve inherent danger and risk, and by participating, they expressly assume any and all risks of injury or loss, and they agree to hold the Camp, The River Chase Equestrian Center, Land Owners and their officials, directors, employees and agents harmless for any loss suffered during or in connection with the competition, whether or not such injury or loss resulted directly or indirectly from the negligent acts or omissions of said officials, directors, employees or agents. I AGREE that this agreement is given in part under the Virginia Equine Activity Liability Act (3.1-769.130 and following of the Code Of Virginia), which is hereby incorporated by reference.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date _____

Over the Counter Medication Consent Form

Camper's Name _____

The following Medications will be available in the first aid kit. Please make a check mark next to each medication your child is authorized to receive from the camp supervisor.

____ Acetaminophen 325mg (Tylenol or Generic)

____ Ibuprofen 200mg (Advil/Motrin or Generic)

____ Benadryl 25mg (Antihistamine/Allergies)

____ Neosporin Ointment (Antibiotic Ointment)

____ Hydrocortisone Cream (anti-itch cream)

I authorize River Case Equestrian Center to supervise the self-administration of the above selected medications as specified by the manufacturer of the "over the counter" product.

Parent/Guardian Signature _____ Date _____

Registration forms can be submitted by regular mail, email, or Fax. Payments can be made by cash, check, or venmo (@River-Chase-1)

P.O. Box 18

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Fax: 703-991-2357