



**Shady Creek Farm GET UP Therapy Program
2016 Summer Trailblazing EAP Camps
REGISTRATION FORM**



CAMPER'S NAME _____

AGE _____ GRADE (current/just completed) _____ T-SHIRT SIZE _____

CAMPER'S NAME _____

AGE _____ GRADE (current/just completed) _____ T-SHIRT SIZE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ OTHER PHONE _____

EMERGENCY CONTACT (in addition to parent/guardian)

NAME _____ RELATIONSHIP _____

PHONE NUMBER(S) _____

Please indicate which week(s) you are attending:

_____ **Week 1: June 6 – 10 1:30-4:30PM**

_____ **Week 2: June 20 – 24 1:30-4:30PM**

_____ **Week 3: July 25 – 29 1:00-4:00PM**

Please send your child each day with the following:

Water bottle, long pants/jeans, boots, snack

Each week is for ages 5 years old and up.

Cost per week is \$370.

Deposit of \$75 to reserve your place.

T-SHIRT SIZE: Child _____

Adult _____

PLEASE describe any of the child's experience with horses and their riding ability/level. This will enable us to better match them with a suitable horse/group.

You will be contacted by our Camp Director or staff Therapist about the needs and goals for your child. You may be asked to complete a Psychosocial Intake form, which will be sent to you and reviewed by the Director/Therapist.

RETURN: REGISTRATION FORM, RIDING RELEASE, CAMP MEDIA RELEASE AND CAMP PAYMENT

Minimum of \$75 deposit to reserve place in camp. Balance due by 1st day of camp.

PAYMENTS MAY ALSO BE MADE VIA OUR WEBSITE using PayPal

Required Release forms may be downloaded from the website, or contact us to request a copy