



## YOUTH SUMMER HORSE CAMP APPLICATION

THIS FORM MUST BE COMPLETED IN FULL  
AND SIGNED IN ORDER TO PARTICIPATE

### Horsefeathers Therapeutic Equestrian Center, Inc.

1095 VZCR 3611, Edgewood, TX, 75117 Phone/Fax: (903)896-7002

Email: [contact@horsefeatherstherapy.org](mailto:contact@horsefeatherstherapy.org) Web: [horsefeatherstherapy.org](http://horsefeatherstherapy.org)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \* \_\_\_\_\_

*\*Student must be at least 10 years old and up.*

How did you hear about our Summer Camp? \_\_\_\_\_

Riding Experience: *check box(es) that apply*) Western ☐ English ☐ Bareback ☐ None ☐

Years/months of experience: \_\_\_\_\_

**Note:** Students should dress for riding. Must wear pants and boots with ½ inch heel and a SEI approved riding helmet. Horsefeathers will provide a SEI approved riding helmet if you do not have your own. No sandals or tennis shoes allowed. No bicycle helmets allowed. Also, bring shorts for other than riding activities. It is important to bring bananas and drinking water due to the heat. Horsefeathers does have a refrigerator on the premises.

Name of Parent/Guardian \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Or if applicant under 18 years, Parent/Guardian Signature \_\_\_\_\_

*Students are encouraged to attend each day of camp. There are no make-up days or refunds.*

**APPLICATION & EMERGENCY TREATMENT FORM PLUS PAYMENT IN FULL OF \$200.00**

**MUST BE RECEIVED NO LATER THAN JUNE 8<sup>TH</sup>. RELEASE FORM TO BE COMPLETED BY**

**PARENT/GUARDIAN UPON ARRIVAL JUNE 15, 2015 - SPACE IS LIMITED SO SIGN UP TODAY.**

Please make check payable to **Horsefeathers** and mail along with the application to:

**Horsefeathers Therapeutic Equestrian Center, Inc.**

**1095 VZCR 3611**

**Edgewood, TX 75117**

FOR OFFICE USE ONLY

Date Application Received \_\_\_\_\_ Rider Level \_\_\_\_\_

Horsefeathers Therapeutic Equestrian Center, Inc.  
**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

If under age 18, Name of Parent/Guardian \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

Attending Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Describe any medical condition requiring special precautions or treatment \_\_\_\_\_

List any medications and dosage \_\_\_\_\_

In case of medical emergency, the undersigned student authorizes Horsefeathers Therapeutic Equestrian Center, Inc., to secure and retain such medical assistance and transportation as they determine to be necessary and proper.

In case of medical emergency, the undersigned student authorizes Horsefeathers Therapeutic Equestrian Center, Inc. to secure medical/surgical treatment and/or hospitalization for the student which they determine necessary or advisable, pending receipt of special consent from the undersigned from any licensed physician to provide including, but not limited to, anesthesia, x-ray, surgery, hospitalization and medication.

Yes, I/my son/daughter would like to participate as a student. I understand that NO LIABILITY can be accepted by any organization concerned with this volunteer service, including Horsefeathers Therapeutic Equestrian Center, Inc., in the event of any accident that may occur.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if student under 18 yrs)

**NON-CONSENT**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Horsefeathers. In the event emergency treatment/aid is required, I wish the following procedure to take place: \_\_\_\_\_

Non-Consent Signature of Student/Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_