

Print this application and mail to Simply 3-Day Ilc, 69 Bonanza Creek Rd, Santa Fe, NM 87508

Simply 3-day Summer Camp Application

Name _____

Street Address _____

City _____ State _____ Zip _____

Age _____ Date of Birth: _____

Dates attending camp: _____

Riding Ability: _____

If Currently Taking Lessons please tell us where and fo how long? _____

Allergies: _____

Any Medical Conditions we should know about? _____

All students are required to have a current tetanus shot. Please tell us the date of immunization: _____

Contact information:

Parent or Guardian's Name _____ Home Phone: _____

Work Phone _____ Cell Phone _____

Emergency Contact Name _____ Relationship _____ Phone: _____

Emergency Contact Name _____ Relationship _____ Phone: _____

I give permission for my child to attend any and all field trips ___ Yes ___ No. If no I, understand that I will need to sign a separate release for each field trip. If possible, we appreciate parent drivers.

I, the Undersigned, agree to hold harmless Gillian Slayter, individually, d/b/a Simply 3-day, Ilc., having it's usual place of business at 69 Bonanza Creek Rd, Santa Fe, NM 87508, and their successors in title, employees, and volunteer helpers free from any and all claims and demands of any nature that may be occasioned by me, my guests, minors in my charge, or my horse(s), and to repay on demand any and all damages, Simply 3-Day, Ilc. or any individuals described above may sustain by reason of any such claim.

I, the Undersigned, agree in the event of any emergency to the above named minor or myself, or an equine to accept emergency medical care and hereby release Simply 3-day, Ilc and the individuals described above from any claims for liability for loss of use to my person or property.

I, the Undersigned, will abide by the rules and accept decisions rendered by the Owners and/or Operators of Simply 3-day, Ilc including all persons described above.

Date: _____ Signature: _____

(If participant is a minor, parent or legal guardian must sign)

Participant Health Insurer: _____

Policy number: _____ Telephone Number: _____