

Hoofbeat Ridge Camps

5304 Reeve Road, Mazomanie, WI 53560
(608) 767-2593 FAX(608 767-2590)

2005 MSCR Middle School Horseback Riding Club Program

School: _____ MSCR Recreation Councilor _____
Phone: _____

The 2-hour program is for students ages 10-14 and provides riding instruction, trail rides, horse science classes and horse care instruction.

The cost of the 4-week program is \$72 (\$53 for the 3-week session on Tuesdays).

The cost per session is \$19. **Full payment needs to be paid at the first session.** Sorry, no refunds and missed sessions will not be made up.

<p>Monday Sept. 12,19,26 Oct. 3 Black Hawk O'Keefe Wright</p>	<p>Tuesday(3 weeks) Sept. 13,20 Oct. 4 Sennett Sherman Whitehorse</p>	<p>Wednesday Sept. 14,21,28 Oct. 5 Cherokee Hamilton Spring Harbor</p>	<p>Thursday Sept. 15,22,29 Oct. 6 Jefferson Toki</p>
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The following student would like to register for the 2005 MSCR after school horseback riding club.

Student Name: _____ Age ___ boy girl 200lbs or less

- Full 4-week program (\$72 payment enclosed) (\$53 for Tuesday 3-week program)
- Individual lessons @ \$19 each

Home Phone: _____ Home Address: _____

Do you wish to ride:
 _____ Western
 _____ English
 (We recommend riders with little or no riding experience choose Western)

Would you consider yourself
 _____ Beginner
 _____ Intermediate
 _____ Novice or Advanced
 What riding instructions have you had? _____

Father	Custodial Parent(s)	Mother
Name:		Name:
Address:		Address:
City/State/Zip		City/State/Zip
Home phone:		Home phone:
Work phone		Work phone:

I give _____ permission to participate in the MSCR after school club at Hoofbeat Ridge Camp. I understand that my child rides at his/her own risk and I will not hold Hoofbeat Ridge, its owners or employees liable in case of accident or injury to my person or possessions. I also understand that all fees are non-refundable and transferable and that missed sessions may not be made up later.

Parent's Signature: _____ Date: _____

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2005 Medical Form

Date: _____ Family ID # _____

Name: _____ Age _____ Boy Girl 200 lbs. or less

Home Phone: _____

Parent(s) Names: (Father) _____ (Mother) _____

Emergency contact if parent can not be contacted: _____
Name Phone

HEALTH INFORMATION

Any medical concerns we should be aware of? _____

Any specific activities to be discouraged or limited participant's physician? _____

Any disability or chronic recurring disease? _____

Operations or serious injuries _____

Name of Child's Physician _____ Phone _____

Medical/hospital insurance provider _____ Policy or Group# _____

Please check with your physician to if the date of your child's last Tetanus Booster is current.

Date of last Tetanus Booster was _____ / _____ / _____

Allergies (food, drug, plants, insects, etc.) _____

If participant brings medication, send along written instructions: _____

Suggestions or health related information for camp staff _____

(MSCR programs are not covered by accident insurance)

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed club activities except as noted. **Emergency Authorization:** I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, and treatment to my child. In the event I can not be reached in an emergency, I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp.

Date _____ Signature of Parent or Guardian _____