

Sebastian Riding Associates' summer camp program emphasizes safety, fun and education. Campers will develop riding skills and learn teamwork, safety, self-confidence and responsibility.

The camp day for all sessions will begin with arrival at 9:00am and will end at 2:00pm. Campers will spend a fun-filled week in an Instructor supervised group setting. The camp day will include horseback riding, driving, horsemanship skills, arts and crafts, mounted games to name just some of the activities.

Campers should:

- * Be cooperative in a group setting
- * No oversized baggy clothes or long dangling jewelry.
- * Wear long pants and boots or shoes with heels
- * Helmets required for riding and provided by SRA
- * Bring a sack lunch and refillable water bottle each day.
- * Bring sun-screen and a hat

Sessions and Fees:

- 1) July 10—14
 - 2) July 24 - 28
 - 3) August 14 - 18
- \$325 per week before 6/1/17
\$350 per week after 6/1/17

Sebastian Riding Associates

2017 Summer Riding Day Camp



Camp geared toward horseback riding, developing horsemanship skills and lots of horse related fun for therapeutic riders and their siblings!!!

Sebastian Riding Associates, Inc
3589 Water Street Road
Collegeville, PA 19426
www.sebastianriding.org

SRA Summer Camp Registration

Rider Name: _____

Address: _____ City: _____

Rider Age: _____ Gender: _____ Height: _____ Weight: _____
(Unable to accommodate riders in excess of 200lbs)

Diagnosis: _____ TSS/Aid: _____

Ambulatory: Independent Crutches Walker Balance: Poor Good Excellent

Session 1: _____ Session 2: _____ Session 3: _____

In Case of Emergency, please contact: _____ Parent _____ Caregiver _____ Other

Name: _____ Phone: _____

Individual Authorized to give temporary assistance or care in the absence of parent or guardian.

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Are there any medical conditions requiring special precautions or treatment and medications and dosage?

No Yes (please describe) Allergies No Yes (please describe) _____

In case of a Medical Emergency, the undersigned authorizes Sebastian Riding Associates to provide such medical assistance as they deem necessary.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the student, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

Signed: _____ Date: _____

Client/Parent/Guardian

Liability Release

Yes, I would like _____ to participate in summer camp. I am aware there are risks involved in therapeutic riding. I understand that there is always the possibility of an accident, or even death, when participating in this type of program and I hereby, intending to be legally bound, for myself, my heirs, executors or administrators, waive and release all claims for damages I may have against Sebastian Riding Associates, its Board of Directors, instructors, therapists, aids, volunteers and/or employees, Evansburg State Park, DCNR and the Commonwealth of Pennsylvania, for any and all injuries and losses. I understand that NO LIABILITY can be accepted by any organizations concerned with this instruction, including Sebastian Riding Associates in the event of any accident which may occur.

Signed: _____ Date: _____

Client/Parent/Guardian

Photo/Social Media Release

I DO DO NOT authorize the use and reproduction by Sebastian Riding Associates of any and all photos/audiovisual materials taken for promotional material, educational activities and exhibit displays.

Signed: _____ Date: _____