



**Caballo Kids' Camp at MTRA**  
Marion Therapeutic Riding Association, Inc.  
6850 SE 41<sup>st</sup> Court, Ocala, Florida 34480  
(352) 732-7300



**MTRA's Equestrian and Horsemanship Summer Day Camp Application**

Camper Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you enrolling more than one child from your household? Y\_\_\_\_ N\_\_\_\_  
If so, please provide the names of siblings/other children you are enrolling  
\_\_\_\_\_

Home Ph: \_\_\_\_\_ Camper Cell Ph: \_\_\_\_\_  
Parent or Guardian Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Gender (Circle One): Male Female  
T Shirt Size (Circle One): Child: S M L XL Adult: S M L XL XXL  
Current School: \_\_\_\_\_ Current Grade \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian  
Name: \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other Parent/Guardian  
Name: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Is the Above Person Authorized to Pick Up Your Child at the End of Each Day or in the  
Event of an Emergency: Yes / No



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## Emergency Contact Information

The first attempt will be made to contact the camper's parents/guardians. Emergency Contacts listed below must be able to pick your child up in the event of an emergency.

### Emergency Contact 1

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

*Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency: Yes / No*

### Emergency Contact 2

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

*Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency: Yes / No*

### Additional Authorized Pick-up

1. \_\_\_\_\_ (Name) (Contact #)

(Relationship)

2. \_\_\_\_\_ (Name) (Contact #)

(Relationship)

- ❖ All campers may **ONLY** be picked up by the person (s) authorized by the registering parent/guardian.
- ❖ Drop off starts at 8:00 AM at MTRA, Camp begins at 9:00 AM
- ❖ Camp Ends at 3:30 PM and pickup begins at that time
- ❖ After care is available for campers that cannot be picked up at 3:30 PM for an additional charge of \$ 25.00 per week per camper. Camper must be picked up no later than 5:30 PM.
- ❖ Please be on time when dropping off and picking up your child.



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**Information for Parents and Guardians (Please keep this for reference)**

**Tuition (PER CAMPER)**

- ❖ \$600 for full 2-wk session July 6<sup>th</sup> - 17<sup>th</sup>, 2015 from 9:00 AM to 3:30 PM Mon-Fri
- ❖ \$325 for 1-wk session July 6<sup>th</sup> - 10<sup>th</sup> or July 13<sup>th</sup> - 17<sup>th</sup> from 9:00 AM to 3:30 PM Mon-Fri. Sibling discount of 15% each child for two or more siblings.
- ❖ \$75 if paid per day instead of a full week.
- ❖ Camp fees are due one week before first day of camp (June 29th)

**Camp attire**

- ❖ Campers must wear comfortable clothing that is appropriate for the weather, and bring long pants and closed toe and heel shoes, such as tennis shoes (MTRA has riding boots and helmets available for campers to use) for horseback riding.
- ❖ Bring a change of clothing, a towel, a hat, sun block and mosquito repellent.

**Lunch**

- ❖ Snacks and water are provided for all campers.
- ❖ All campers must bring a cold lunch that does not require heating.

**Pick Up / Drop Off**

- ❖ All campers may ONLY be picked up by the person(s) authorized by the registering parent/guardian.
- ❖ Drop off starts at 8:00 AM at MTRA
- ❖ Pick up is at 3:30 PM (after care available until 5:30 PM for an additional \$25.00 per week)
- ❖ Please be on time when dropping off and picking up your child

**Contact Information**

For more information or to contact camp staff call MTRA at (352) 732-7300

***Please make sure you notify us if your camper will not be coming one day for any reason or if you are running late or have another issue with getting your camper here on time.***



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## **EMERGENCY MEDICAL RELEASE**

In case of a **Medical Emergency**, the undersigned authorizes **Marion Therapeutic Riding Association, Inc.** to provide such medical assistance as they determine to be necessary.

The undersigned authorizes any medical, surgical care, and/or hospital staff to provide care, including anesthetic, for the participant which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

No camper/rider can be accepted for camp/riding until this form has been completed by the Parent/Parents or Guardian/Guardians.

Yes, I would like \_\_\_\_\_ to be a part of the horsemanship camp at **Marion Therapeutic Riding Association, Inc.** and understand the inherent risk of equine activities and horseback riding.

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_

Date: \_\_\_\_\_

*(Print name of parent or guardian )* \_\_\_\_\_



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## **!!WARNING!!**

**UNDER FLORIDA LAW, AN EQUINE ACIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. FL STATUTE #s773.01**

### **LIABILITY RELEASE AGREEMENT**

\_\_\_\_\_ (**Camper's Name**) would like to participate in the **Marion Therapeutic Riding Association, Inc.** equestrian-horsemanship day camp. I acknowledge the risks and potential for risks of equine activities and horseback riding. However, I feel that the possible benefits to my son/ my daughter/ my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against **Marion Therapeutic Riding Association, Inc.**, its Board of Directors, personnel/volunteers, for any and all injuries and/or losses my son / my daughter / my ward may sustain while participating in the equestrian-horsemanship day camp at **Marion Therapeutic Riding Association, Inc.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent or Guardian)

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### **PHOTO RELEASE**

I ☐ **DO**

I ☐ **DO NOT**

consent to and authorize the use and reproduction by **Marion Therapeutic Riding Association, Inc.** of any and all photographs and any other audiovisual materials taken of me / my son / my daughter / my ward for promotional printed material, educational activities, or for any other use for the benefit of **Marion Therapeutic Riding Association, Inc.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Client, Parent or Guardian)