



KJM Equestrian Summer Camp Registration

Camper's name _____ Age _____ Allergies _____

Has camper ridden before? _____ If yes, please describe the extent of their riding experience

Parent's Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone (home or cell) _____ Work _____

Email _____

Emergency Contact _____ Phone _____

Fees and Registration

Please indicate the camp(s) you wish to attend.

- | | |
|---|--|
| <input type="checkbox"/> #1: June 3 – 7 | <input type="checkbox"/> No camp: July 1 – 5 |
| <input type="checkbox"/> #2: June 10 – 14 | <input type="checkbox"/> #5: July 8 – 12 |
| <input type="checkbox"/> #3: June 17 – 21 | <input type="checkbox"/> #6: July 15 – 19 |
| <input type="checkbox"/> #4: June 24 – 28 | <input type="checkbox"/> #7: July 22 – 26 |

Camp is held Monday through Friday from 9:00 am to 4:00 pm. Parents or guardians are asked to sign campers in when dropping off and sign out when picking them up at days' end.

Campers need to bring a sack lunch and drinks. A refillable water jug or bottle is advisable as temperatures usually increase throughout the day. Long pants and sturdy shoes or boots are recommended for riding. Most campers like to bring shorts to change into during the afternoon heat. White or light colored cotton shirts are always best for heat-related activities.

Cost for each camp is \$375 (per child/per camp) and minimum age is 7 years old. A non-refundable deposit of \$100 (per child/per camp) is required to reserve your space and will be applied towards balance due.

Thank you – we look forward to seeing you this summer!

Please send your payment (checks payable to KJM, LLC) and completed registration form to:

KJM Equestrian
 9801 S. Sheridan Road
 Tulsa, OK 74133

I, the parent or guardian of the minor listed above, do hereby request KJM Equestrian, LLC, Tulsa, Oklahoma, to accept my child or ward as enrolled for activities in said KJM Equestrian summer camp. I, as an adult and as the parent or guardian of said minor, know that by the very nature of the activities at KJM Equestrian summer camp, riding horses, care of the same, and related uses of animals as well as running about and playing – there exists some element of risk or injury. I accept said risk and agree to hold harmless the owner or employees of KJM Equestrian, LLC in the event my child or ward is injured during his or her stay at KJM Equestrian, LLC. I have read this, agree with it, and have advised my child or ward to obey the rules of the KJM Equestrian summer camp. I personally carry hospital insurance on my child or ward and accept this responsibility. I, the undersigned do hereby authorize, and give permission to KJM Equestrian, LLC and its staff, individual or together, to act on behalf of the undersigned in requesting and authorizing the provisions of emergency medical services as deemed necessary in their discretion to the child or ward. The undersigned guarantee payment of all services. This release/authorization shall be effective during the period that the child or ward is involved with KJM Equestrian, LLC and is not revocable during such period.

Signature (parent or guardian) _____

Date _____

Submit