



**Camp Schedules**

Circle the preferred camp date:

**June 30th - July 2nd \$150**

**August 17th - August 21st \$225**

Non Refundable Deposit: **\$100 per camp**

Jory Hill Stables T-Shirt included for each student. Please indicate size.

Children	Adult
Small:	Small:
Medium:	Medium:
Large:	Large:

Sweatshirts and jackets also available for purchase.

**Registration Form**

\_\_\_\_\_ | \_\_\_\_\_  
 Student's Name Age

\_\_\_\_\_ | \_\_\_\_\_  
 Height Weight

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Telephone

\_\_\_\_\_ | \_\_\_\_\_  
 Emergency Contact Telephone

Mail registration form and deposit to:  
 Jory Hill Stables  
 P.O. Box 4278  
 Salem, OR 97302

Please sign and return this form along with \$100 non-refundable deposit per camp

By enrolling and participating in this horsemanship camp, the student and parent or legal guardian acknowledge that the student is engaging in an activity which involves inherent dangerous risk, and they expressly assume any and all risk of injury or loss, and they agree to hold Jory Hill Stables, its owners, agents, employees, trainers and other participants harmless for any injury or loss suffered during or in connection with their use of Jory Hill Stables, its property and facilities whether or not such injury or loss results directly or indirectly from the acts or omissions, including negligence, of said owners, agents, employees, trainers and participants.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Parents or Legal Guardians**

Please provide a statement below authorizing Jory Hill Stables and its agents to call for or provide any emergency care necessary for treatment of student in case of accident or injury.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Insurance Co.

\_\_\_\_\_  
Group Number, Plan Number or ID Number

\_\_\_\_\_  
Name of Doctor

Please describe any physical or mental limitations the student possesses which may require special care or treatment:

\_\_\_\_\_