

Horseback Riding Day Camp

Hudson Equestrian Center, Inc.

Working under supervision, students will establish a foundation of safety habits and knowledge for future riding enjoyment. They should become active learning riders who will become capable of riding independently on the flat, over small fences and in the open; horsemen who are familiar with the basics of nutrition and daily care of horse and equipment; therefore, developing responsibility, sportsmanship, moral judgement, leadership and self confidence. Horse show on each Friday. Equestrian hunt caps are required. Some helmets available. Riding boots with heel required. Camp held rain or shine. Fees are non-refundable, non-transferable unless management is able to fill canceled registrations. There is no credit allowed for change of dates or absences. Min. 4. Max. 6.

Beginner Through Intermediate
(Ages 6 and up)
Fee: \$260
Monday - Friday
8:00 a.m. - 12:00 p.m.
 # 2176 June 16-20
 # 2177 June 23-27
 # 2178 July 7-11
 # 2179 July 21-25
 # 2180 July 28-Aug 1
 # 2181 Aug 4-8
 # 2182 Aug 11-15
 # 2183 Aug 18-22

Riding Babes
(Ages 3 - 5)
Fee: \$150
Monday - Friday
12:00 p.m. - 1:00 p.m.
 # 2186 June 16-20
 # 2187 June 23-27
 # 2188 Aug 18-22

Questions?
 Call Hudson Equestrian Center at (330) 655-6933.
 Cell (330) 807-1829.

HCER REGISTRATION FORM (330) 653-1210

Hudson Community Education & Recreation • 2440 Hudson Aurora Road • 44236
 Fax: (330) 653-1366 *Make checks payable to: Hudson City Schools*



Parent's Last Name _____ First Name _____

Address _____

City _____ Zip Code _____

For office use only:
 Receipt #: _____

Phones: Home _____ Work _____ Other _____ e-mail _____

I, as parent or guardian of this registrant, do hereby consent to his/her participation in the listed program. Registrant is in good health and can participate in all activities. Therefore, in consideration of services to be performed, we do hereby release the Hudson City School District Board of Education, Hudson Community Education and Recreation, its officers, agents, members, and employees (collectively referred to as the "Board"), in their official and individual capacities from any and all claims, liability or demands for any personal injury, sickness or death as well as property damage expenses of any nature whatsoever which may be sustained or incurred by said registrant in connection with participation. Furthermore, we, on behalf of the registrant, hereby assume all risk of personal injury, sickness, death damage and expenses as a result of the registrant's participation in the listed program.

The undersigned further agrees to defend, hold harmless and indemnify the Board for any liability sustained by said Board as a result of the negligent, willful or intentional acts of the registrant.

List any special considerations or health problems, medications or allergies and specify which child if registering more than one:

In the event of an emergency, if parents/guardians cannot be reached at phone numbers listed, please contact:

Name _____

Phone _____ Relation _____

The undersigned acknowledges that the Board does not provide insurance for participants. I further acknowledge that registrant must have insurance coverage to participate in the program listed. I hereby certify the presence of such valid health insurance policy for registrant. In the event that reasonable attempts to reach parents/guardians at the phone number listed have been unsuccessful, I hereby give my consent for the administration of any and all emergency treatment deemed necessary by a licensed physician or the transfer of child to nearest appropriate hospital or emergency facility.

We further understand, consent and agree that the Board will not be held responsible for the results of such emergency treatment.

X
 Parent/Guardian Signature for Medical Consent, Participation, and Waiver and Release _____ Date _____

Youth Activities: Must Complete Medical Authorization

Participant	Class #	Course Name	Grade	Birthdate	Fee

CC PAYMENT: CARDHOLDER NAME: _____

CARD# _____ VISA _____ MC _____

EXPIRATION DATE: _____ SIGNATURE: _____