



S W I T C H
 W I L L O
 S T A B L E S

Summer Day Camp Application

CAMPER INFORMATION

_____		_____
CAMPER NAME		AGE
_____		_____
ADDRESS		PHONE
_____		_____
CITY	STATE	ZIP
_____		_____
SCHOOL		GRADE

HOW DID YOU HEAR ABOUT US?		

SESSION DATES

(check all requests)

- ___ June 2 – June 6
- ___ June 9 – June 13
- ___ June 16 – June 20
- ___ June 23 – June 27
- ___ June 30 – July 4
- ___ July 7 – July 11
- ___ July 14 – July 18
- ___ July 21 – July 25
- ___ July 28 – August 1
- ___ August 4 – August 8
- ___ August 11 – August 15

Open Houses
 Saturday Feb 16, 2008
 Saturday March 8, 2008
 2:00–4:00 P. M.

PAYMENT AND COST INFORMATION

Checks should be made payable to Switch Willo Stables.
 Full payment is required to reserve camp space and is non-refundable.
 Deposits are not accepted.

REQUIRED—Camp Tuition Number of weeks _____ x \$295.00 = \$ _____

OPTIONAL—SWS T-shirt Number of shirts _____ x \$18.00 = \$ _____

Size (*circle one*) S M L (*adult or youth?*)
 (*circle one*) Youth Adult GRAND TOTAL = \$ _____

ADDITIONAL INFORMATION

Extended care available upon request for \$10.00 per slot per day (8:00–9:00am; 4:00–5:00pm). Please do not include this payment with your camp tuition.
 Camp Director—Jane McMaster, 331-8668. Barn Phone, 345-2507

SEND PAYMENT TO

Switch Willo Stables
 4829 Switch Willo Road
 Austin, TX 78727-6831

Please mail this form and include your non-refundable check, application, and immunization records, or bring to one of our Open Houses on Saturday February 16 and Saturday March 8 at Switch Willo Stables, from 2:00–4:00pm.

Check out our website at www.switchwillo.com

HEALTH AND EMERGENCY INFORMATION

CAMPER NAME

HOME ADDRESS

CITY

STATE

ZIP

BIRTHDAY

HEIGHT

WEIGHT

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I authorize Switch Willo Stables representatives to obtain medical treatment for my child, and I give consent for medical treatment in my absence. I am responsible for medical payment.

SIGNATURE OF PARENT OR GUARDIAN

DATE

IMMUNIZATIONS AND DRUG ALLERGIES

ALLERGIES

CURRENT MEDICATIONS

DIETARY RESTRICTIONS

INJURIES/DISABILITIES

A photocopy of your child's immunization records are required and should be attached to this application.

EMERGENCY CONTACTS

NAME

PHONE NUMBER DAY

PAGER/CELL

MOTHER

FATHER

DOCTOR

MEDICAL INSURANCE

INSURANCE COMPANY

INSURED NAME

PHONE NUMBER

ID #

GROUP NUMBER

PLAN NUMBER

LIABILITY RELEASE

The undersigned assumes total responsibility and risk of injury to self or minor child, and holds harmless Switch Willo Stables (owners, counselors, aides, secretary) for any injury to campers, horses, and spectators. The undersigned assumes total responsibility for all payments and medical treatment. The undersigned understands that Switch Willo Stables does not have medical insurance. Switch Willo Stables strongly recommends parents to provide campers with medical insurance. The undersigned has read and understands contract terms.

WARNING* **Under Texas Law (Chapter 87, Civil Practice and remedies code) an Equine Professional is not liable for an injury to or death of a participant in Equine activities resulting from the inherent risks of Equine Activities.*

SIGNATURE OF PARENT OR GUARDIAN

DATE

Tax exempt I.D. Number for your income tax records is 74-2525356