



S W I L L O

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S T A B L E S

Summer Day Camp Application

Camper Information

Camper Name _____		Age _____	Girl/Boy _____
Address _____		Phone _____	
City _____	State _____	Zip _____	
School _____		Grade _____	
Parent's Email Address (required) _____		How did you hear about us? _____	

Session Dates

(check all requests)

- June 8 – June 12
- June 15 – June 19
- June 22 – June 26
- June 29 – July 3
- July 6 – July 10
- July 13 – July 17
- July 20 – July 24
- July 27 – July 31
- Aug 3 – Aug 7
- Aug 10 – Aug 14
- Aug 17 – Aug 21

Open Houses

Saturday Feb 14, 2009
 Saturday March 7, 2009
 2:00–4:00 p. m.

Payment and Cost Information

Checks should be made payable to SwitchWillo 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 hour per day (8:00–9:00am; 4:00–5:00pm). Please do not include this payment with your camp tuition.
 Contact Colleen Goodman, 997-7779. Barn phone, 345-2507
 Email: info@switchwillo.com

Send payment to

Switch Willo Stables
 4829 Switch Willo Rd
 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 14 and Saturday March 7 at Switch Willo Stables, from 2:00–4:00pm.

Check out our website at www.switchwillo.com, email us at info@switchwill.com

HEALTH AND EMERGENCY INFORMATION

CAMPER NAME

HOME ADDRESS

CITY

STATE

ZIP

AGE

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.

PARENTAL SIGNATURE

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

MOTHER

PHONE NUMBER

DAY

PAGER/CELL

FATHER

PHONE NUMBER

DAY

PAGER/CELL

DOCTOR

ADDRESS

PHONE NUMBER

MEDICAL INSURANCE

INSURANCE COMPANY

INSURED NAME

PHONE NUMBER ID

GROUP PLAN NUMBER

LIABILITY RELEASE

The undersigned assumes total responsibility and risk of injury to self or minor child, and holds harmless SwitchWillo 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