

**NORTHWESTERN STABLES, INC.  
 SUMMER CAMP REGISTRATION  
 RETURN THIS FORM WITH PAYMENT TO:  
 Northwestern Stables, Inc. Attn: Summer Camp  
 120 W. Northwestern Avenue  
 Philadelphia, PA 19118-3629**

RIDER'S NAME \_\_\_\_\_

Male/Female (please circle) AGE: \_\_\_\_\_ BIRTHDATE (m/d/y): \_\_\_\_\_

**\*Campers MUST be between 8 and 14 years old during the camp dates listed**

PARENT NAME \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

RELATION \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

RIDING LEVEL (Please circle one): **Beginner**      **Novice**      **Intermediate**      **Advanced**

PLEASE LIST ANY SPECIAL NEEDS/ ALLERGIES:

\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING:**

If participant has any medical problems that may worsen or be aggravated by horseback riding; a medical certificate from your doctor MUST be presented before you can participate in the program. You should check with your doctor before this or any physical activities, especially if you have not participated in a physical activity for period of time. It is recommended that participants check with their doctor and be current with vaccinations including a tetanus shot.

TERMS: There will be no refunds or make up days for camp once you have registered. There will be a 10% service fee for returned checks. Northwestern Stables Inc does not assume responsibility for lost or stolen items on the premises. Camp hours are from 9am - 3pm. Prompt pick-up is required. Note late pick-up charges: Campers picked-up after 3:15 pm will be charged \$10 for the first violation and \$25 for each violation thereafter. Campers should bring their own lunch. Refrigerators and a snack will be provided. All campers must wear their own hard hat or one, which is provided by NWEF, and wear long pants or jeans and shoes with a heel while riding.

In consideration of my being permitted to participate in this activity, I hereby for myself, my heirs, my personal representatives, assume any and all injuries that may be associated with this activity. I certify that I am in proper physical condition to participate in the activity without risk of serious injury. I further waive any claims against and release, discharge, covenant not to sue and hold harmless the City of Philadelphia, Fairmount Park Commission, Northwestern Stables, Inc, and Northwestern Equestrian Facility, its board, advisory board, officers, members, sponsors, staff, agents or other representatives, any cooperating and coordinating individuals or agencies and any other successor and assign, in connection with any and all injuries, illnesses or damages of any kind whatsoever whether caused by negligence or other fault of the above agencies or otherwise. I also give permission for the free use of my name and picture by the above agencies in any and all media, in broadcast, telecast or other account.

I understand all the above and I understand that this is a contract and I intend to be legally bound for my child or myself.

Participant's  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

___ Summer Camp Week 1 (June 22nd -26th)	\$295
___ Summer Camp Week 2 (June 29th - July 3rd)	\$295
___ Summer Camp Week 3 (July 6th - July 10th)	\$295
___ Summer Camp Week 4 (July 13th-July 17th)	\$295
___ Summer Camp Week 5 (July 20 <sup>th</sup> - July 24 <sup>th</sup> )	\$295
___ Summer Camp Week 6 (July 27 <sup>th</sup> - July 31 <sup>st</sup> )	\$295
___ Total Weeks    x    \$295.00 per week    =	_____ Total Amt. Enclosed

Questions? visit [www.northwesternstables.com](http://www.northwesternstables.com), email [nwefinfo@yahoo.com](mailto:nwefinfo@yahoo.com) or call 215-685-9286.

