



Peninsula Bay Cities Day Camp Horseback Riding Questionnaire & Release Form

PBC Day Camp contracts with Rancho Rio Verde Riding Club for all horsemanship programs.

So that we may provide the most positive riding experience for your child please complete the following questionnaire (Both front and back) for Lisa Wall and the staff at Rancho Rio Verde Riding Club. Please return the form prior to the start of camp. Thank you.

CAMPER INFORMATION

*First Name: _____ *Last Name: _____

*Age: _____ Birthdate: _____/_____/_____

*Height: _____ *Weight: _____ (helps to ensure the appropriate horse)

RIDING HISTORY

*Riding Experience: _____ Beginner (little or no experience) _____ Novice (some experience)

*What type of riding experience has your child completed? Please check all that apply:

None _____ English _____ Western _____ Jumping _____ Trail _____

Current or previous trainer: _____ Stable or facility: _____

*Was your child in Rancho Rio Verde's camp last year? _____ Yes _____ No

*How many hours of private instruction has your child completed? _____ None _____ Hours

How long? _____ months _____ years

What do you want to learn most about horses and riding? _____

Hobbies and Interests: _____

All fields marked with * are mandatory

*** PLEASE COMPLETE BOTH SIDES***

Thank you

STUDENT RELEASE FORM

NAME OF PARENT/GUARDIAN _____ TELEPHONE _____

ADDRESS _____ WORK TELEPHONE _____

CITY _____ STATE _____ ZIP _____

CAMPER NAME _____

FAMILY PHYSICIAN _____ TELEPHONE _____

GENERAL RELEASE – PLEASE READ CAREFULLY

I/We hereby agree to assume all responsibility and risk from the participation in equestrian activities at Robin Wall's Rancho Rio Verde Riding Club Inc. and further agree to hold Robin Wall's Rancho Rio Verde Riding Club Inc., teachers, counselors, trainers, and employees free from all damages or liability for any injury to person or property arising as a result of this participation.

DATE _____ SIGNATURE OF APPLICANT _____

SIGNATURE OF PARENT/GUARDIAN _____
(If student is under age 18)

The undersigned, parent of student, a minor, do hereby consent to any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or hospital. Is it understood that this consent is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage the _____ staff, hospital staff, and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals, ambulances and other medical charges reasonable and necessarily incurred.

DATE _____ SIGNATURE OF APPLICANT _____

SIGNATURE OF PARENT/GUARDIAN _____
(If student is under age 18)

PLEASE COMPLETE BOTH SIDES