

KJM Equestrian Summer Camp Registration

Camper's name	Age Any Allergies?
Has camper ridden before? If yes, please desc	ribe the extent of their riding experience
How did you hear about us? Magazine advertising	Website Other:
Parent's Name(s)	
Address	
CityState_	Zip
Phone (home or cell) Email	Work
Emergency Contact	
	and Registration
Please indicate the camp(s) you wish to attend. #1: May 30 - June 2* #5: June 26	Camp is held Monday through Friday from 9:00 am to 4:00 pm. Parents or guardians are asked to sign campers in when dropping off and sign out when picking them up at days' end.
#2: June 5 – 9	Campers need to bring a sack lunch and drinks. A refillable water jug or bottle is advisable as temperatures usually increase throughout the day.
NOTE: 4-day camp due to Memorial Day. Cost is \$340 Cost for each camp is \$425 (per child/per camp) and nage is 7 years old. Adding an additional child for one want to a padditional child for one want to be additional child for the company of the state of the company of	white or light colored cotton shirts are always best for heat-related activities.
adding an additional week for the same child will drop per child/per week to \$410 each. A non-refundable de \$100 (per child/per camp) is required to reserve your s will be applied towards balance due. This registration f also required to secure your space.	posit of Thank you – we look forward to seeing you this summer!

Please send your payment (checks payable to KJM Equestrian, LLC) and completed registration form to:

KJM Equestrian, LLC • office@kjmequestrian.com • 11115 S. 109th E. Ave. • Bixby, OK 74008

I, the parent or guardian of the minor listed above, do hereby request KJM Equestrian, LLC, Tulsa, Oklahoma, to accept my child or ward as enrolled for activities in said KJM Equestrian summer camp. I, as an adult and as the parent or guardian of said minor, know that by the very nature of the activities at KJM Equestrian summer camp, riding horses, care of the same, and related uses of animals as well as running about and playing – there exists some element of risk or injury. I accept said risk and agree to hold harmless the owner or employees of KJM Equestrian, LLC in the event my child or ward is injured during his or her stay at KJM Equestrian, LLC. I have read this, agree with it, and have advised my child or ward to obey the rules of the KJM Equestrian summer camp. I personally carry hospital insurance on my child or ward and accept this responsibility. I, the undersigned do hereby authorize, and give permission to KJM Equestrian, LLC and its staff, individual or together, to act on behalf of the undersigned in requesting and authorizing the provisions of emergency medical services as deemed necessary in their discretion to the child or ward. The undersigned guarantee payment of all services. This release/authorization shall be effective during the period that the child or ward is involved with KJM Equestrian, LLC and is not revocable during such period.

Signature	(parent or guardian)	Date	