



THOROUGHQUEST
ACRES

Summer Horsemanship Camp 2015

Sessions: July 7th-10th, 9:30am ~ 1:30pm
July 14th-17th, 9:30am ~ 1:30pm
July 21st-24th, 9:30am ~ 1:30pm
July 28th-31st, 9:30am ~ 1:30pm

Who: Ages 6 to 11
First-time riders welcome
\$450 per session

please circle the session(s) you'd like to attend

Having a solid foundation of knowledge on how to work safely around horses is just as important as knowing how to ride them. Our summer program gives campers a fun, safe, hands-on opportunity to learn and engage in all facets of basic horsemanship. Throughout the week campers will participate in activities that expand their knowledge of horses, advance their horseback riding skills, and enjoy riding with friends. Our goal is for each of our campers to become a solid horseman, utilizing proper barn, horse handling, and riding skills. **Please send a daily sack lunch and 2 bottles of water with your child.**

Suitable riding attire required. New campers may contact the farm at (847) 452-1789 for information. Registration form, riding waiver, and deposit can be mailed to: P.O. Box 7471, Algonquin, IL 60102

Camper Name: _____ Age: _____ Ht/Wgt: _____ / _____
Shirt Size: XS (4) S (6-8) M (10-12) L (14-16) XL (18-20)
Any Prior Riding Experience? : _____
Parent Name(s): _____ Ph#1: _____ Ph#2: _____
Emergency Contact: _____ Phone #: _____
(If parent cannot be reached)
Please list any and all allergies and/or medication: _____

I give ThoroughQuest Acres permission to photograph my child _____, who is attending a summer day camp. I also give permission to ThoroughQuest Acres to use photographs of my child for promotional purposes, including but not limited to the ThoroughQuest Acres website, Summer Camp promotion, and other marketing and communications materials. Initial _____

As the legal parent and/or guardian of _____, I grant permission to ThoroughQuest Acres to provide routine health care, administer prescribed medications, and seek emergency medical treatment for my child in case of emergency. In the case of prescribed medication, I will attach a written letter of instructions to this registration form. Initial _____

I understand and agree to the information contained in these forms
Signed: _____ (parent/legal guardian)

****Form must include riding waiver (new students) and \$150 nonrefundable deposit to complete registration.**