

Great Lakes Equestrian Center, LLC  
PONY SCHOOL  
2019 CAMP REGISTRATION FORM

1<sup>st</sup> Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height/Weight: \_\_\_\_\_

Riding Experience: \_\_\_\_\_ Helmet needed: \_\_\_\_\_

2<sup>nd</sup> Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height/Weight: \_\_\_\_\_

Riding Experience: \_\_\_\_\_ Helmet needed: \_\_\_\_\_

Name of Parent(s) or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_ Home Phone#: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

**PLEASE CHECK THE SESSIONS YOU WISH TO REGISTER FOR:**

**FULL DAY CAMPS** (9AM – 3PM, Monday – Friday) **\$350.00** /per session Ages 7 – 14

\_\_\_ Spring: June 16-21

\_\_\_ Summer: July 15-19

\_\_\_ Fall : Aug 5-9

**MINI DAY CAMPS** (9am – 12:15 PM, Monday – Friday) **\$ 250.00** / per session Ages 6 - 14

\_\_\_ Spring: June 17-21

\_\_\_ Summer: July 15-19

\_\_\_ Fall: Aug 5-9

Attire: Shoes with a heel (cowboy boots or any shoe/boot with a heel) and long pants (Jeans or any long pant to protect the leg) Full Day campers need to bring a lunch.

**PLEASE READ OUR CANCELLATION POLICY CAREFULLY: A refund (less a \$20 office fee) will be given on cancellation received in writing AT LEAST 15 DAYS prior to the start date. Half (50%) of the tuition will be refunded on cancellations received a MINIMUM OF 10 DAY prior to the start date. If a cancellation is received less than 10 days prior to the start date, no refund will be given. If camper is unable to attend due to injury or illness and upon a doctor's certificate, we will credit 4 lessons (2 for mini camp) or \$100 off (\$50 for mini camp) another camp session. There are no refunds or credits for missed days during camp. Thank you!**

**Total Tuition:** \_\_\_\_\_

**Helmet Rental Fees (\$10 per helmet):** \$ \_\_\_\_\_

**Boot Rental Fee (\$10 per child) if size is available:** \$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_

**DEPOSIT OF 50% minimum:** \_\_\_\_\_ **Total owed less deposit:** \_\_\_\_\_

**PLEASE NOTE!** A \$60 fee will be charged for non- returned helmets

**50% of the tuition is due to reserve your spot**

MAKE CHECKS PAYABLE TO: GREAT LAKES EQUESTRIAN CENTER, LLC

MAIL TO: GREAT LAKES EQU. LLC 6165 140<sup>TH</sup> AVE HOLLAND, MI 49423

**Great Lakes Equ Barn Rules**

RIDER'S NAME: \_\_\_\_\_ (Please initial after each rule)

1. WE ARE A SMOKE FREE ESTABLISHMENT. Smoking is not permitted anywhere on the premises. The use of drugs or alcohol is not allowed. \_\_\_\_\_
2. Please observe the 5 mph speed limit at all times on property (even coming up the driveway). Horses and riders as well as pedestrians have the right of way. Do not honk your horn or create any other distracting sound. As with any stable, horses may get loose from time to time and can appear from nowhere. Please drive slowly and attentively at all times, the parking lot is also the crosswalk for the children leading their ponies to the arena. Do not block arena or barn entrance when parking your vehicle. \_\_\_\_\_
3. If you must bring a dog, please keep it on a leash at all times and make sure you clean up after it. \_\_\_\_\_
4. All riders must wear an ASTM/SEI approved helmet, breeches, chaps and boots or other appropriate riding apparel. Only adults have the option to ride on the **flat** without a helmet, if they have executed the appropriate release in their boarding contract. \_\_\_\_\_
5. No one is to jump without being accompanied by a GLEC instructor. Riders over 18 may use ground poles or small cavalletties 18' and under. Riders under 18 may use ground poles only and must be supervised by an adult. **All poles and jumps must be put back the way you found them; riders must also wear a helmet.** \_\_\_\_\_
6. Horses are to be bathed in designated areas only (on wash rack pad) Please keep wash rack and tack up areas clean. Pick up after your horse, put manure in tubs. \_\_\_\_\_
7. All small children must be supervised and never left unattended while on the premises. No bike riding or ball playing is permitted around the barns or arenas. No shouting, screaming or running is permitted in the barns. Do not feed, pet horses, or enter stalls or pastures without the permission. \_\_\_\_\_
8. Do not tie your horse to any fences or anything that is not specifically designed for that purpose. \_\_\_\_\_
9. PONY SCHOOL students, please make sure you plan on being here 15min before your lesson time to tack up your pony and 15min after to un tack. If you arrive later then 5min after your lesson time your lesson will be forfeited. \_\_\_\_\_
10. Walk your horses carefully in the barns, when putting them in and out of stalls. Other horses can reach out and bite or scare them. Even though we have provided rubber mats in barns, the concrete is very slick between the mat and the stall entrance. \_\_\_\_\_
11. Do not let your horse sniff other horses while you are riding or leading the horse on a lead rope. Horses may kick, bolt or strike as a result. \_\_\_\_\_
12. Please keep the gate from the driveway to the barn area closed. So if horses get loose they cannot go onto the road. \_\_\_\_\_
13. All riders must yield the track at any time to the riders in lessons. If no lessons are in progress, riders cross left shoulder to left shoulder. Do not stop on the track suddenly without warning others. \_\_\_\_\_
14. Great Lakes Equestrian Center, LLC is not responsible for any lost or stolen articles. \_\_\_\_\_
15. Disobedience or disrespect to other students and/or instructors and/or employees will not be permitted. \_\_\_\_\_
16. I have read and understand the GLCE price list and cancellation policy. (Located above the payment box in hall of barn). \_\_\_\_\_

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Rider's Signature

\_\_\_\_\_  
Date

# Great Lakes Equestrian Center, LLC

6165 140<sup>th</sup> Ave. Holland, MI

## Release and Hold Harmless Agreement

WHEREAS, the UNDERSIGNED acknowledges the inherent risk involved in riding and working around horses, which risks include but not limited too using, riding or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling.

IN CONSIDERATION, therefore, for the privilege of riding and/ or working, around horses at GREAT LAKES EQUESTRIAN CENTER, LLC the undersigned does hereby agree to hold harmless and indemnify GREAT LAKES EQUESTRIAN CENTER, LLC and further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse owned by the undersigned or to any family member or spectator accompanying the Undersigned on the premises of GREAT LAKES EQUESTRIAN CENTER, LLC.

THE UNDERSIGNED acknowledges receipt of warning set forth below:

### WARNING

UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.

Enrolled house bill No.5006  
(1994)

## MUST BE FULLY COMPLETED IN ORDER TO RIDE OR HANDLE HORSES

### 1) **Hard Hat Agreement:**

GLEC's safety rules require that each rider wear a hard hat at all times, unless you are a **boarder** over 18 and have signed the Hard Hat Release Agreement. **Please initial that you have read and understand this rule.**

\_\_\_\_\_

2) Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature, Rider)

\_\_\_\_\_  
(Print Name, Rider)

\_\_\_\_\_  
(Address)

3) \_\_\_\_\_ (Signature of Parent or Guardian)

# Great Lakes Equestrian Center, LLC

## Emergency Medical Release Form For A rider

### **RIDER'S INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's or Guardian's Name if minor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **PERSON TO CONTACT IN CASE OF EMERGENCY:**

*(Please give 3 contacts, in order of who we should call first, etc., in case of emergency)*

	Name	Relationship	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

### **MEDICAL INFORMATION OF RIDER:**

List any prior medical history or conditions: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Contact Lenses: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Membership #: \_\_\_\_\_

### **RELEASE FOR A RIDER:**

If emergency care is required for: Child's Name if minor: \_\_\_\_\_ and permission is not available from a parent or legal guardian in a timely manner, or an accompanying spouse or relative is unavailable, then I, the undersigned, authorize appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. I have read this entire release and agree to it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian listed above must sign if minor)