

Outdoor Wilderness Learning Center
 1523 HWY 563
 Dubach, LA 71235
 318-777-3460



Horsemanship Camp Registration



Child's Name: _____ Date of Birth: _____ Height: _____ Weight: _____ T-shirt size: _____

Address: _____

Name of Parent or Guardian: _____

Parent/ Guardian Phone Number: _____ Email Address: _____

I Do / Do NOT (Please Circle One) give permission for photos of myself or my child to be posted on social media or used in print media. Children's names will not be published.

- Riding Ability (please circle the most appropriate description of your child's current riding ability)

Beginner	<ul style="list-style-type: none"> • No significant experience with horses
Beginner Plus	<ul style="list-style-type: none"> • Can mount and dismount unaided • Able to control horse at the walk and trot <i>without assistance</i>
Advanced Beginner	<ul style="list-style-type: none"> • Has ridden on a semi-regular basis • Confident at walk and trot on a variety of horses • Can control horse outside arena and over a variety of obstacles
Intermediate	<ul style="list-style-type: none"> • Has ridden on a regular basis • Confident and competent at walk, trot, canter • Has pursued a specific discipline, like jumping, barrel racing

- Please tell us about any riding activities that your child has participated in, and any goals they have:

- Please list any food allergies or dietary restrictions: _____

- Time: 9am-3pm. Please do not drop off your child before 8:50 – we will be feeding horses and preparing for camp!
- Cost: \$325 (\$25 dollar discount for siblings)
- Please select the appropriate options: June 6-9th _____ June 20th-23rd: _____

My child, _____, is applying to participate in the OWL Equine Program and I acknowledge the following:

- _____ (Initial) Any horse can behave in an unpredictable and potentially dangerous manner, including bucking, bolting, rearing, spooking, kicking, or biting.
- _____ (Initial) Serious injury or death is possible, even when working with well trained horses.
- _____ (Initial) They will wear a Standard Approved Helmet and the correct footwear whenever mounted on a horse.
- _____ (Initial) They will follow all instructions given by OWL Staff to the best of their abilities, and inform staff if concerned in any way about safety.
- _____ (Initial) The information provided on the attached Medical History is accurate and will be used by OWL staff to determine an appropriate level of involvement in horse related activities.

By signing below I acknowledge that I understand the enumerated hazards listed above, that I am fully aware of the inherent risks of participating in an activity involving a horse or other farm animal, that I have been given the opportunity to ask questions about any concerns I may have about doing so, and that those questions have been answered to my satisfaction; additionally I acknowledge that I may at any time express my desire to stop an activity or discontinue the activity entirely. I further agree to hold harmless Louisiana United Methodist Children and Family Services, Inc., its agents and employees from any claim or lawsuit arising out of my own actions or failures to act along with any costs, awards, fees, judgements, settlements or other payments associated with such claim.

Signature of Applicant: _____ Printed Name: _____

Signature of Parent/ Guardian: _____ Printed Name: _____

(If Applicant is under 18 years of age)

Relationship to Applicant: _____

Signature of OWL Equine Program Staff: _____ Printed Name: _____

Date: _____

Under Louisiana law, a farm animal activity sponsor or farm animal professional is not liable for an injury to or death of a participant in a farm animal activity resulting from the inherent risks of the farm animal activity, Pursuant To R.S. 9:2795.1.

MEDICAL HISTORY

The following information is intended to assist The OWL in case of any emergency with you/your child.

Name and Telephone numbers of contact people

Emergency Contact Name	Relationship to rider	Home Number	Work Number	Mobile Number

Please circle any of the following that you/your child suffer from:

- | | | | |
|-------------------------|-----------------------|--------------------|---------------------|
| Asthma | Epilepsy /Fits | Fainting/Dizziness | Blackouts/Migraines |
| Intellectual Disability | Heart/Blood Condition | Back Problems | Pregnancy |

Other: _____

Height: _____

Weight: _____

Allergies: YES/NO

Describe: _____

Describe Reaction: _____

Medication

Is it necessary for the rider to carry their own medication at all times? YES/NO

If YES, please complete the following: Name of Drug: _____

Dosage: _____ Frequency: _____

Consent to Medical Attention

I authorize the instructor in charge to administer first aid and call an ambulance if necessary for the medical attention of myself/my child. I agree to bear any cost thereby incurred.

Signature of Applicant: _____ Printed Name: _____

Signature of Parent/ Guardian: _____ Printed Name: _____

(If Applicant is under 18 years of age)

Relationship to Applicant: _____

Signature of OWL Equine Program Staff: _____ Printed Name: _____

Date: _____

We are excited that your child will be joining us for camp! The week will focus on horsemanship skills and riding, but will also include activities at our pond and maze. We will have a maximum of 10 campers each week, and have 2 instructors on staff to ensure plenty of individualized instruction. Horse camp is recommended for children ages 7-14 who love horses! This camp is open to riders of all abilities, but all campers should be able to function well in a group setting, as we will not be able to provide 1:1 assistance or supervision.

A detailed schedule and list of things to bring will be sent out in mid-May. We will provide lunch, water, Gatorade, and snacks; if your child has any dietary restrictions, please make sure to let us know on the registration form.

A deposit of \$150 and a completed registration form is required to hold your child's spot at camp; the balance is due by May 30th, and may be paid by check or credit card. If you have any questions or would like to schedule a tour, please feel free to call Samantha at 318-548-3395.

Sincerely,

Samantha Luttrell

Equine Program Director