

VERSHIRE RIDING SCHOOL

336 VERSHIRE RIDING SCHOOL ROAD
VERSHIRE, VERMONT 05079

(802) 685-2239

INFO@VERSHIRERIDINGSCHOOL.COM

CAMP APPLICATION

(Last Name) (First Name)

(Date of Birth) (Telephone Number)

(Email)

(Address; and Parents' Name -for campers under 18 years of age)

(Summer Address and Phone)

(Parents Business Address)

Special Interests/Extracurricular Activities:_____

School:_____ Grade:_____

How did you hear of Vershire?_____

Years as a V.R.S. camper:_____

Horses ridden while at VRS:_____

Previous Riding Experience:_____

Allergies or Physical Handicaps:_____

Height:_____ Weight*:_____ Gender:_____

* Because of uneven terrain in x-c jumping and field work, we feel for balance and safety our weight limit is 200 lbs.

FEES: A non-refundable deposit of \$400.00 must accompany this application. Fees include board, lodging and regular use of horses. We will confirm your application, if acceptable, by mail and will send health forms, a suggested clothing list, etc. Fees are not refundable except for a serious illness in which case we will pro-rate the balance, and apply it to another year. It is realized that use of drugs, alcohol or serious misbehavior will result in expulsion without refund.

It is realized that the camp does not carry major medical insurance and that our family insurance should cover the children during the camp season. Campers bringing their own horses will be sent a separate boarding agreement. Permission is given to use camp pictures in which my youngster may appear. I have read the brochure thoroughly and understand camp policy.

With reasonable care, riding, including jumping, is quite safe but we realize accidents can occur and will not hold the Stables liable assuming normal staff supervision. Under Vermont law, an equine activity sponsor is not liable for an injury to, or death of, a participant in equine activity resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. §1039 (3). P.S. Our record is excellent!

Date:_____ Signature (of Parent or Adult Camper):_____

Please check:

Session 1:_____ Session 2:_____ 2-week Session:_____ Whole Season:_____

Early Bird: Week I:_____ Week II:_____

Adult Eventing Week:_____ Young Adult Eventing Week*:_____

Vershire Arts & Riding: Week*:_____ 3 Week Session*:_____

Memorial Day:_____ Labor Day:_____ Bed & Breakfast Program* _____ Fall Foliage Weekend* _____

(*-please specify the dates for which you are applying)

Will bring my own horse: Yes _____ No _____.

PLEASE ATTACH A PHOTO SO THE STAFF WILL RECOGNIZE YOU.