



Cordillera Equestrian Center Summer Horse Camp - Registration

Welcome to the Cordillera Equestrian Center Summer Horse Camp! We are excited to share our passion and knowledge of horses with your youth! Please complete this registration form and short questionnaire.

Each camp day will include riding as well as other aspects of horsemanship including safety awareness, catching, leading, grooming, horse health, horse behavior, groundwork, and games.

IMPORTANT: Please fill out one registration form per camper(rider).

Contact Information

Name of rider: _____ Age of rider: _____ DOB: _____

Parent's name: _____ Phone: _____

Parent's name: _____ Phone: _____

Email Address: _____

Address: _____ City: _____

State: _____ ZIP code: _____

Emergency contact: _____ Phone(s) _____

Camp Dates Registering For: (check all that apply)

- | | | |
|---|---|---|
| <input type="radio"/> June 13 - June 16 | <input type="radio"/> June 20 - June 23 | <input type="radio"/> June 27 - June 30 |
| <input type="radio"/> July 11 - July 14 | <input type="radio"/> July 18 - July 21 | <input type="radio"/> July 25 - July 28 |
| <input type="radio"/> Aug 1 - Aug 4 | <input type="radio"/> Aug 8 - Aug 11 | <input type="radio"/> Aug 15 - Aug 17 |

What is the riders experience level?

- Beginner - no previous experience - control at a walk
- Advanced beginner - can safely control a horse at a walk/trot
- Intermediate - can safely control a horse walk/trot and has begun to canter
- Advanced - can safely control a horse at all gaits walk/trot/canter

What type of riding is of interest?

- English
- Western

Does the rider have any special needs or require consideration(s) that we should know?

Physical Limitations:

Allergies:

Health Concerns:

Tee Shirt Size: Child size: S____, M____, L____, XL____, Adult size: S____, M____, L____

How did you hear about the Cordillera Equestrian Center? (check all that apply)

- Property Owner
- Club at Cordillera Member
- Cordillera Connection Newsletter
- Cordilleraliving.com Website
- Facebook
- Friend or Family
- Other _____

WARNING

Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

BY SIGNATURE BELOW, I HEREBY CLAIM THAT I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY, THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS INCLUDING THE RIGHT TO SUE, AND THAT I VOLUNTARILY SIGN THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY.

Printed Name

Signature

Date: _____

CEC Horse Program Rules

1. Proper riding attire is required. This includes boots with smooth bottoms and heels, horseback riding approved riding helmet, and long pants.
2. Helmets are available on a limited basis. A helmet must be purchased if taking multiple riding lessons.
3. All students **MUST WEAR A HELMET WHEN RIDING OR ON THE GROUND AROUND HORSES.**
4. Drinks must be in a plastic bottle, no glass bottles at the facility.
5. Do not touch or feed any horse without your instructor's consent.
6. Do not enter any stall or paddock without your instructor present, unless instructed to do so by your instructor.
7. Do not run up to or walk closely behind a horse. Keep at least 15 feet back to avoid getting kicked.
8. No dogs allowed at the barn.
9. No loose or unattended small children, this can frighten horses and can cause an accident.
10. You are responsible for children who are on the property and not in lessons.
11. All paperwork including a liability waiver must be filled out and submitted before the first day of camp.
12. Please make sure children are prepared to focus, listen, and learn. Horses are large animals that can unintentionally cause great harm. Safety is the priority. If an individual is unable to listen and follow instructions, then they may not be ready for horseback riding lessons.

Required Equipment

-ASTM/SEI certified horseback riding helmet.

-English or Western Style Boots. Must have a smooth sole and a heel. **No tennis shoes.**

-Riding pants, leggings, or running tights. Jeans are acceptable. **No shorts.**

-Long or short-sleeve shirt. **No tank tops.**

Cost: \$900.00/week- Payment is due at the time of registration.

*Cancellation Policy:

When we reserve your space for the summer we often times turn other families away and are unable to fill that space later. Therefore, there are no daily cancellations or changes. A \$100 deposit per program is non-refundable and non-transferable. 2023 Cancellation Deadline: On or before 5/16/23: Forfeit \$100 deposit/week. Cancellation must be made for exact schedule chosen. We cannot accept any switches for other days or weeks. Cancellations must be made in writing and emailed to: info@cordillerametro.org. After 5/19/23: No refunds or changes available. By signing below, I agree to the cancellation policy above.

Parent or Guardian Signature

*Please send a sack lunch, snacks, a plastic water bottle and sunscreen with your camper(s) each day.



2023 Horse Camp

Camp Emergency Contact, Health, Waiver and Release Form

Camp forms may be downloaded from <https://cordilleraliving.com/amenities-activities/horses-riding-and-boarding/> or requested by calling 970-376-7295. One form per child serves all camp sessions. Original signatures are required. **The completed Camp forms must be received at time of registration.**

Email or mail forms to the address below: info@cordillerametro.org.

Attn: Paula Kurtz
CORDILLERA METRO DISTRICT
408 CARTERVILLE RD.
EDWARDS CO 81632

Address

City

State

ZIP

Our primary means of communication with you is through email. Please provide all email addresses where you'd like to receive notifications: _____

I have read, understand and will abide by the CEC Horse Program Rules.

Contacts for Emergencies and Camp Cancellations:

Persons listed must be reachable during camp hours. List contacts in order of who to contact first.

1. Name: _____ Phone Number: _____ Relationship to child: _____

2. Name: _____ Phone Number: _____ Relationship to child: _____

3. Name: _____ Phone Number: _____ Relationship to child: _____

NAME OF PARTICIPANT

Persons Authorized for Child Pick-Up (in addition to emergency contacts listed on previous page)

Camp staff will not release your child unless proper photo identification is shown daily by the persons listed. Print clearly and remember to include yourself if you plan to pick-up your child from camp.

MEDICAL INFORMATION and SPECIAL CONSIDERATIONS

Check any that apply to your child. With awareness of your child's needs, staff may be able to modify activities and techniques for inclusiveness prior to the start of the camp.

- No specific medical or behavioral condition
- Food allergies – please specify _____
- Non-food allergies –please specify _____
- Any physical, emotional or behavioral conditions, including cognitive, LD, ADD, ADHD, or autism requiring medication, treatment, special restrictions or considerations while at camp– Please specify _____

◆ List triggers, signs or symptoms for these conditions:

◆ What techniques do you recommend in managing your child's behavior:

List activities from which the camper should be exempted for health reasons or require special accommodations:

Please note that it is your responsibility to supply any necessary medical equipment that relates to a specific medical condition.

Medications: List below all medications, including EpiPen, asthma inhaler, over-the-counter or nonprescription drugs, taken regularly. *If your child needs to take medication or you expect camp staff to dispense medication to your child during camp hours, you must also complete the separate Medication Dispensing Information, Waiver and Release form.*

• MEDICATION	DOSAGE	SPECIFIC TIME TAKEN	REASON FOR TAKING
• MEDICATION	DOSAGE	SPECIFIC TIME TAKEN	REASON FOR TAKING

Check box if your child is taken off a particular medication in the summer.

NAME OF PARTICIPANT

HEALTH INSURANCE / PHYSICIAN

Insurance Company

Policy/Group Number

Participant ID Number

Physician's name

Office Phone Number _____

Date of last Tetanus shot (mm/dd/yyyy) _____ Immunizations: Are the child's immunizations current? Yes No

Past Medical Treatment: Please list any major medical treatment within the last year:

Notification: When you want to be notified for *minor* injuries (e.g. scrape, non-allergic bee sting, bloody nose, sliver) that do not limit participation? immediately at camper pick up

Permission to Secure Treatment

Camp staff are certified in First Aid, CPR, AED, EpiPen and asthma inhaler assistance. They will take whatever emergency medical measures are deemed necessary for the protection and safety of the camper within their training.

In the event of any emergency, I authorize the Eagle River Fire Protection District/ Eagle County Ambulance District to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility if I am unable to be reached first.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PRINTED NAME

Day Camp Waiver & Release

NAME OF PARTICIPANT

Birthdate (Month / Day / Year) Entering Grade

Please read this form carefully and be aware in registering your minor child/ward for participation in the program or programs listed above you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising from that program.

Important Information

The Cordillera Metro District is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. The Cordillera Metro District strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the Cordillera Metro District does not carry medical accident insurance for injuries sustained in its programs and activities. The cost of such medical expense would make program fees prohibitive. Therefore, each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Cordillera Metro District automatically responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

Release of Liability & Permission to Secure Treatment

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have against the Cordillera Metro District and its officers, agents, volunteers and employees as a result of participation in the program.

I do hereby fully release and discharge the Cordillera Metro District and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the Cordillera Metro District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize the Cordillera Metro District to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Photography Release

I give permission for my child's picture to be used in advertisements for the Cordillera Metro District.

I have read and fully understand the above Release of Liability and Permission to Secure Treatment and Photography Release.

SIGNATURE OF OR PARENT / GUARDIAN)

DATE

PRINTED NAME