

SUMMER CAMP APPLICATION 2024

Greystone Stables // 112 Ridgebury Rd. // New Hampton, NY 10958

Student Name: _____

Age: _____ Current GSS student (circle): YES NO

Shirt Size: _____

Riding Experience: _____

Parent Name: _____

Address: _____

Phone: _____ Best way to contact (choose one): _____ CALL _____ TEXT

Email: _____

Sessions:

July 1-5	Full Day _____	After Care _____	
July 8-12	Full Day _____	After Care _____	Advanced Camp _____
July 15-19	Full Day _____	After Care _____	
July 29-Aug 2	Full Day _____	After Care _____	
August 5-9	Full Day _____	After Care _____	
August 12-16	Full Day _____	After Care _____	Advanced Camp _____
August 19-23	Full Day _____	After Care _____	
August 26-30	Full Day _____	After Care _____	

Payment Choice (choose one): Deposit Amount _____

_____ Check _____ Credit Card _____ Venmo (greystone-stables)
_____ Paypal (greystonestables) _____ Cash

If you have any questions, please call (845) 355-7433 or email greystonestables.lessons@gmail.com

Application can be mailed to or dropped off at the address above or emailed to greystonestables.lessons@gmail.com

PERSONAL INDEMNITY AGREEMENT

I do hereby acknowledge that there are certain risks of injury associated with my/child's riding, driving, handling horses, taking instruction or just being on the property known as **Greystone Stables, Inc.**. I further acknowledge that there are risks of damage, destruction or theft to my/child's tack, horse or pony that may arise at any time. Horses by their very nature can behave unpredictably and can among other things, spook, buck, rear, bit, kick and break loose from handlers for other enclosures.

I agree to indemnify and hold harmless **Greystone Stables, Inc., Jody and Micheal Moraski as well as JEPHDACO, Inc.** its proprietors, owners, employees, clients, and guests and each of them, of and from any loss, damage, cost, expense, claim, liability, and causes of action arising out of my riding, boarding, driving, handling horses, taking instruction, being on the property, or "acts of God".

Print Name: _____ Date: _____

Signature: _____ if minor, Parents Signature: _____

Address: _____

Email: _____ Phone: _____

MEDICAL RELEASE FORM

If medical care is required for _____ (name of student) in conjunction with any Greystone Stables activity, and if normal permission is not available in a timely manner, the undersigned **authorizes appropriate medical care** as is deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

INFORMATION:

Student: _____

If minor: Parent or Guardian: _____

Address: _____

Home: _____

Cell: _____

Work: _____

Person to notify in case of an emergency:

Phone: _____

For minor: If Parent or Guardian is unavailable, please contact (list relationship):

Phone: _____

Family Physician: _____

Phone: _____

Allergies/Medical Problems/Medication: _____

As a Student of Greystone Stables, please administer any necessary medical treatment if I am unable to request treatment myself. As the Parent or Guardian of the above named child, please attempt to contact me at the time of accident or illness without postponing medical treatment.

I have read the entire release and agree to it's content

Print Name: _____ Date: _____

Signature: _____ if minor, Parents Signature: _____