

# SUMMER CAMP APPLICATION 2023

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:

June 26-30	Full Day _____	Half Day _____	
July 3-7	Full Day _____	Half Day _____	Advanced Camp _____
July 10-14	Full Day _____	Half Day _____	
July 17-21	Full Day _____	Half Day _____	
July 24-28	Full Day _____	Half Day _____	
July 31-Aug 4	Full Day _____	Half Day _____	Advanced Camp _____
Aug 7-11	Full Day _____	Half Day _____	

Payment Choice (choose one): Deposit Amount \_\_\_\_\_

\_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Venmo ( greystonestable@optimum.net)  
\_\_\_\_\_ Paypal ( greystonestable@optimum.net) \_\_\_\_\_ Cash

If you have any questions, please call (845)355-7433 or text (845)283-7433

Application can be mailed to or dropped off at the address above or emailed to greystonestable@optimum.net

## 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: \_\_\_\_\_