

Pickwick Stables Summer 2008 Youth Camp

Registration Information

Pickwick Stables Policy on Drugs

Any camper or staff member found using alcohol, marijuana or non-prescription drugs on the campgrounds or on field trips will be sent home immediately. No refunds will be issued. Any prescribed medication that a camper brings to camp must be given to the Camp Health Director.

Food

Campers must bring a packed, nonperishable lunch each day. Nothing, including drinks should be packaged in glass containers. If lunch is forgotten, a nutritious lunch will be supplied at cost plus a service fee of \$5.00. Snacks will be supplied once daily by Pickwick Stables and are nutritious and ample. A beverage is served with every snack. Campers are encouraged to bring extra drinks for throughout the day and water is always available.

Medical

Pickwick Stables maintains a medical officer for consultation on serious medical needs. The daily medical needs of campers are attended to by one of two, full-time, on site CPR and First Aide certified staff members. Campers' families are responsible for any expenses incurred by their camper due to illness or accident while at camp. As most families have medical insurance plans, we require a copy or information about the Insurance Carrier including address, phone number and policy number. This information should be supplied on the Camp Health Form. A Release from Liability is also required of all campers.

Deposit

An non-refundable deposit of \$150.00 for each week reserved must accompany this application. The balance of tuition is due on the day or before your child arrives for camp. There is no reduction for those campers arriving late or leaving early except in the case of serious illness or injury. If this should occur, 1/2 of the remaining fees will be refunded based upon a per diem rate

Attire

Appropriate hard hats are supplied. All campers should have closed-toe shoes with small heels and long pants or chaps for riding. These items may remain on site for the duration of the session. Daily, non-riding attire should be appropriate for the weather and may include shorts, sleeveless shirts and outdoor gear (I. E. raincoat, brimmed hat, sunscreen, bug repellent)

	Weekly \$	Additional Sessions \$
<input type="checkbox"/> June 16-20	\$300.00	\$250.00
<input type="checkbox"/> June 23-27	\$300.00	\$250.00
<input type="checkbox"/> July 7-11	\$300.00	\$250.00
<input type="checkbox"/> July 14-18	\$300.00	\$250.00
<input type="checkbox"/> July 21-25	\$300.00	\$250.00
<input type="checkbox"/> July 28—August 1	\$300.00	\$250.00
<input type="checkbox"/> Before or After Care	\$35.00	\$35.00
		Total: _____

Campers enrolled in more than one session receive additional sessions at a discounted price.

Name

Address

Phone

Child's Name: _____

Age: _____

Horsemanship Experience: _____

Method of Payment: Cash Check No. _____

Signature

	<p>Pickwick Stables, Inc. 6020 Emerald Lane Sykesville, MD 21784 Phone: 410-795-4000</p>
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For more Information, call (410) 795-4000. To find out more about Pickwick Stables, & to see our facility, horses, & riders, visit our Website at www.pickwickstables.com.
Email: Jamey@PickwickStables.Com

Personal Health, Medical Records &
Immunizations

Primary Care Provider:

Name: _____

Phone #: _____

Address: _____

Tetanus: Must be filled out completely

Date of last immunization: _____

Administered by: _____

Contact information of Administrator: _____

Other Medical Issues: Please list any significant psychological, behavioral or medical problems (noting allergies) including symptoms, type of treatment (medicines*, frequency of treatment, complications/side effects) frequency & duration of symptoms & treatments. This would include any condition that would require the administration of medicine* of any type.

*Medicine should be delivered in the original container bearing a pharmacy label which shows the prescription number, date filled, prescribing doctor's name, name of medicine, directions for taking & the patient's name. If non-prescription, this information should be provided in writing by the parent. All medicine, prescription or other, should be delivered to the Camp Manager in the morning & with all the pertinent information.

Immunizations: Is the camper enrolled in a public or private Maryland school?

YES _____

Name of School

NO

If not, you must attach a copy of :

Maryland Immunization Certificate or other document, signed by a licensed physician or local health officer showing the appropriate primary immunizations against:

- Diphtheria
- Tetanus
- Pertussis
- Poliomyelitis
- Measles (rubeola)
- Rubella (German Measles)
- Mumps

Provide a statement from a licensed physician or local health officer indicating that any immunizations required are considered medically contraindicated, detrimental to, or not in the best interest of the camper's health.

- permanent
- temporary until _____

Provide the form designated by the Department of Health and Mental Hygiene that shows that the specified immunizations are objectionable upon the grounds that they may conflict with bona fide religious beliefs & practices.

Health Insurance Information:

Name of Child: _____

Group ID: _____

Name of Policy

Holder: _____


Contact Name: _____

Contact Phone

Number: _____

Address: _____

Copy of Insurance card obtained

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For more information, call (410) 795-4000. To find out more about Pickwick Stables, & to see our facility, horses, & riders, visit our Website at www.pickwickstables.com.
Email: Jamey@PickwickStables.Com