



2025 SUMMER CAMP REGISTRATION

Pricing: One-week sessions \$585 B/A Care \$125
Two-week sessions \$1,200 B/A Care \$250

Today's Date: _____

CAMPER INFORMATION

Camper Full Name: _____ Age: _____

Parent/Guardian

Name: _____ Cell: _____ Email: _____

Alt. Parent/Guardian

Name: _____ Cell: _____ Email: _____

CAMP SESSION (circle below)

Andover Equestrian Center: 1-Week Sessions / 9am - 4pm (Linthicum Heights, MD)

- Session 1: June 16 - June 20
- Session 2: June 23 - June 27 (Advanced Camp)
- Session 3: July 7 - July 11
- Session 4: July 14 - July 18
- Session 5: July 21 - July 25
- Session 6: July 28 - August 1
- Session 7 August 11 - August 15 (Advanced Camp)
- Session 8: August 18 - August 22

Andy Smith Equestrian Center: 1-Week Sessions / 9am - 3pm (Annapolis, MD)

- Session 1: June 16 - June 20
- Session 2: June 23 - June 27
- Session 3: July 7 - July 11
- Session 4: July 21 - July 25
- Session 5: August 4 - August 8
- Session 6: August 18 - August 22

Columbia Horse Center: 2-Week Sessions / 9am - 4pm (Columbia, MD)

- Session 1: June 16 - June 27
- Session 2: July 7 - July 18
- Session 3: July 21 - August 1
- Session 4: August 11 - August 22

EMERGENCY CONSENT FORM

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I hereby authorize the Morningside Stables, LLC staff to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the Parent, Guardian or Emergency Contact individual indicates is unable to be reached.

Parent/Guardian Signature: _____ Date: _____

OR

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

Parent/Guardian Signature: _____ Date: _____

If a non-consent plan is selected, please indicate preference below.

___ The parent or legal guardian shall remain on site at all times while the rider/volunteer is receiving services on the property.

___ In the event that emergency treatment/aid is required, I wish the following procedure to occur:

YOUTH CAMP HEALTH HISTORY CAMPER

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Primary Care Physician or
other provider of medical care: _____ Phone: _____

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? ☐ NO

☐ YES, Explain: _____

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? ☐ NO

☐ YES, Explain: _____

IMMUNIZATION INFORMATION: **Must list current residence above.**

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? ☐ NO

YES, List: _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature
MDH-4768 (12/2017)

Date