

VERSHIRE RIDING SCHOOL CAMP APPLICATION

336 VERSHIRE RIDING SCHOOL ROAD VERSHIRE, VERMONT 05079 (802) 685-2239
PLEASE ATTACH A PHOTO

(Last Name) (First Name)

(Date of Birth) (Age) (Telephone Number) (Cell Phone Number)

(Email)

(Mailing Address; and Parents' Name -for campers under 18 years of age)

(Summer Address and Phone)

(Parents Business & Address)

Special Interests/Extracurricular Activities: _____

School: _____ Grade: _____

How did you hear of Vershire? _____

Years as a V.R.S. camper? _____ Horse(s) you rode while at VRS: _____

Previous Riding Experience: _____

Allergies or Physical Handicaps: _____

Height: _____ Weight: _____ * Gender _____

*Because of our uneven terrain in x-c jumping and fieldwork we feel for balance and safety our weight limit is 200 lbs.

FEES: A **non-refundable** deposit of \$500.00 must accompany this application. Fees include board, lodging and regular use of horses. We will confirm your application, if acceptable, by mail and will send health forms, a suggested clothing list, etc. **Fees / Tuition are not refundable except for a serious illness in which case we will pro-rate the balance and apply it to another year.** It is understood that use of drugs, alcohol or serious misbehavior will result in expulsion without refund.

It is understood that the camp does not carry major medical insurance and that our family (or my) insurance should cover the camper during the camp session. Campers bringing their own horses will be sent a separate Boarding Agreement. Permission is given to use photographs and video of camper in advertising, promotion, exhibiting and web related publications in which the camper may appear. I have read the brochure thoroughly and understand camp policy.

With reasonable care, riding, including jumping, is quite safe but we realize accidents can occur and will not hold the Stables liable assuming normal staff supervision. Under Vermont law, an equine activity sponsor is not liable for an injury to, or death of, a participant in equine activity resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. §1039 (3). P.S. Our record is excellent!

Date: _____ Signature (of Parent or Adult Camper): _____

I will bring my own horse: Yes _____ No _____ (Boarding Agreement & negative Coggins required)

Vershire Riding School Camp Programs

One Week Session*: _____ **Eventing Week*:** _____ (*Specify which week)

Two Week Session: June 19-July 2nd _____ July 10- July 23rd _____

3 Week Sessions: First Session, June 19- July 9th: _____ Second Session, July 10-July 30th: _____

6 Week Season: Whole Season June 19- July 30th _____

Adult Eventing Week*: _____ **Adult Eventing Weekend*:** _____ (*Specify which week (end))

Memorial Day: _____ **Labor Day:** _____ **Weekend Clinic*:** _____

Bed & Breakfast Program: Fall Foliage Weekend: _____ (Specify your dates)

Vershire Arts & Riding*(July 17 – 23rd, and July 24- 30th): _____

MeadowRun Camp* (see separate application) : _____