



**Erin Longworth Performance  
Horses**  
25 Bernier Rd, Milton, VT 05468  
802-363-7644  
www.ErinLongworthVT.com

## Application Form for Pony Camp

### Child Information:

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

### Parent/Guardian Information:

Parent's  
Name \_\_\_\_\_  
Email  
address: \_\_\_\_\_  
Telephone:  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

### Name of 2 people to be called in case of emergency:

1: \_\_\_\_\_ Tel: \_\_\_\_\_  
2: \_\_\_\_\_ Tel: \_\_\_\_\_

### Child Riding History:

Had Lessons: \_\_\_\_ Yes \_\_\_\_ No  
How many? \_\_\_\_\_ Where?  
\_\_\_\_\_

Been in Horse Camp Before? \_\_\_\_ Yes \_\_\_\_ No Where? \_\_\_\_\_

### Any Allergies or Medical information we need to know:

### Session/s Desired:

Dates: \_\_\_\_\_

◆ ELPH reserves the right to cancel or change any session.

◆ Balance is due on the first day of camp.

I (PARENT NAME) \_\_\_\_\_ am aware that riding activities may be HAZARDOUS and I am

VOLUNTARILY participating in these activities with knowledge of the DANGER involved and HEREBY ACCEPT

ANY AND ALL RISKS OF INJURY OR DEATH (parent initial)\_\_\_\_\_.

In addition, I HEREBY INDEMNIFY, RELEASE AND DISCHARGE **Erin Longworth**

**Performance Horses** Trust,

and the Trustees, Officers, Directors, Employees, and Agents there of, and each of them, from all actions, claims, or

demands I, my heirs, distributees, Guardians, legal representatives, or assigns now have or may hereafter have for

Injury or damage resulting from participation in horseback riding activities.

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

\_\_\_\_\_  
Rider Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Payment type: \_\_\_\_\_