**Camp Pegasus**

*“Where Kids Find Their Wings”*

Stirrups ‘n Strides Therapeutic Riding Center, Inc.

4246 W Hwy 318, Citra, Florida 32113

(352)427-3569 – Betty Gray, Executive Director

**Stirrups ‘n Strides Camp Pegasus Application**

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #: \_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

*\*\*A rider’s maximum weight may not exceed 200 lbs. This limitation assures the wellness and optimum soundness of Stirrups ‘n Strides’ horses, ensures properly fitted equipment is available, and provides a safe environment for staff, volunteers, and participants. Participants over the maximum weight are encouraged to participate in unmounted activities such as groundwork, etc.*

Are you enrolling more than one child from your household? Y \_\_\_\_\_ N \_\_\_\_\_

If so, please provide the names of siblings/other children you are enrolling:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camper Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender (Circle One): Male Female

T-Shirt Size (Circle One): Child: S M L XL Adult: S M L XL XXL

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

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

Relationship to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

**Other Parent/Guardian**

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

Relationship to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Is the above person authorized to pick up your child at the end of each day or in the event of an emergency? YES NO

02/2024 Page 1

**Camp Pegasus**

*“Where Kids Find Their Wings”*

Stirrups ‘n Strides Therapeutic Riding Center, Inc.

4246 W Hwy 318, Citra, Florida 32113

(352)427-3569 – Betty Gray, Executive Director

Does your child have any allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take any medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

The first attempt will be made to contact the camper’s parents/guardians. Emergency contacts listed below must be able to pick your child up in the event of an emergency.

**Emergency Contact 1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the above person authorized to pick-up your child at the end of each day or in the event of an emergency? YES NO

**Emergency Contact 2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the above person authorized to pick-up your child at the end of each day or in the event of an emergency? YES NO

**Additional Authorized Pick-Up**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name) (Contact #) (Relationship)
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name) (Contact #) (Relationship)
* All campers may ONLY be picked up by the person(s) authorized by the registering parent/guardian.
* Drop off starts at 8:00 AM at Stirrups ‘n Strides, Camp begins at 9:00 AM
* Camp ends at 2:00 PM and pick up begins at that time.
* Campers must be picked up by 2:30PM.
* Please be on time when dropping off and picking up your child.

02/2024 Page 2

**Camp Pegasus**

*“Where Kids Find Their Wings”*

Stirrups ‘n Strides Therapeutic Riding Center, Inc.

4246 W Hwy 318, Citra, Florida 32113

(352)427-3569 – Betty Gray, Executive Director

**Information for Parents and Guardians (Please keep this for reference)**

**Camp Information**

**Week 1: June 17-21, 2024; Ages 7-11; 9AM-2PM**

**Week 2: June 24-28, 2024; Ages 7-11; 9AM-2PM**

**Week 3: July 15-19, 2024; Ages 12-16; 9AM-2PM**

**Week 4: July 22-26, 2024; Ages 12-16; 9AM-2PM**

**Tuition (PER CAMPER)**

* $400 for 1-week session
* $750 for 2-week session
* Deposit of $200 required to hold the camper’s spot.
* Camp fees are due one week before the first day of camp.

**Camp Attire**

* Campers must wear comfortable clothing that is appropriate for the weather and bring long pants for horseback riding. Closed toe and heel shoes, such as boots, are also a must. (Stirrups ‘n Strides has helmets available for campers to use).
* They should have a change of clothing or two, we will have water days, a towel, a hat, sunblock, and mosquito repellant.
* Tack Shack in Ocala has a Summer Camp Special. Riding pants and helmets for only $89.

**Lunch**

* Snacks and water are provided for all campers.
* All campers MUST bring lunch, we have a refrigerator and microwave.

**Pick Up / Drop Off**

* All campers may ONLY be picked up by the person(s) authorized by the registering parent/guardian.
* Drop off starts at 8:00 AM at Stirrups ‘n Strides.
* Pick up is at 2PM, no later than 2:30PM.
* Please be on time when dropping off and picking up your child.

**Contact Information**

For more information or to contact camp staff, call Stirrups ‘n Strides at (352)427-3569 or 352-286-2519. Please make sure you notify us if your camper will not be coming one day for any reason or if you are running late or have another issue with getting your camper here on time.

02/2024 Page 3

**Camp Pegasus**

*“Where Kids Find Their Wings”*

Stirrups ‘n Strides Therapeutic Riding Center, Inc.

4246 W Hwy 318, Citra, Florida 32113

(352)427-3569 – Betty Gray, Executive Director

**EMERGENCY MEDICAL RELEASE**

In case of a **Medical Emergency**,the undersigned authorizes **Stirrups ‘n Strides Therapeutic Riding Center, Inc.** to provide such medical assistance as they determine to be necessary.

The undersigned authorizes any medical, surgical care, and/or hospital staff to provide care, including anesthetic, for the participant which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

No camper/rider can be accepted for camp/riding until this form has been completed by the parent(s) or guardian(s).

Yes, I would like \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be a part of Camp Pegasus at Stirrups ‘n Strides Therapeutic Riding Center, Inc. and understand the inherent risk of equine activities and horseback riding.

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

(Print name of parent or guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO RELEASE**

**I DO**

**I DO NOT**

Consent to and authorize the use and reproduction by Stirrups ‘n Strides Therapeutic Riding Center, Inc. of any and all photographs and any other audiovisual materials taken of me / my son / my daughter / my ward for promotional printed material, educational activities, or for any other use for the benefit of Stirrups ‘n Strides Therapeutic Riding Center, Inc.

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

02/2024 Page 4

 **Camp Pegasus**

*“Where Kids Find Their Wings”*

Stirrups ‘n Strides Therapeutic Riding Center, Inc.

4246 W Hwy 318, Citra, Florida 32113

(352)427-3569 – Betty Gray, Executive Director

**!!WARNING!!**

**UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. FL STATUE #s773.01**

**LIABILITY RELEASE AGREEMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Camper’s Name) would like to participate in the Stirrups ‘n Strides Therapeutic Riding Center, Inc. Camp Pegasus day camp. I acknowledge the risks and potential for risks of equine activities and horseback riding. However, I feel that the possible benefits to my son/daughter/ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Stirrups ‘n Strides Therapeutic Riding Center, Inc., its Board of Directors, personnel/volunteers, Hi-Time Farm & Betty Gray for any and all injuries and/or losses my son/daughter/ward may sustain while participating in the Camp Pegasus day camp at Stirrups ‘n Strides Therapeutic Riding Center, Inc.

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

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

02/2024 Page 5

**Camp Pegasus**

*“Where Kids Find Their Wings”*

Stirrups ‘n Strides Therapeutic Riding Center, Inc.

4246 W Hwy 318, Citra, Florida 32113

(352)427-3569 – Betty Gray, Executive Director

Has your child ever been around a horse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever ridden a horse? Could you tell us briefly about the experience. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever groomed or knows about grooming a horse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_\_\_

Is there any information that we should know about your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

02/2024 Page 6