



# LEGACY FARMS

## SUMMERVILLE, SC

### PONY EXPRESS CAMP Registration Form

#### Enrollment

Session Date(s) \_\_\_\_\_

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Shirt Size: (circle) YS YM YL AS AM AL AXL

- Sessions are \$325 each. \$150 non-refundable deposit due with registration; \$175 balance due before May 15th of current year. Checks may be made payable to Tabatha Sclafani and mailed with registration forms (3) to:  
Legacy Farms ATTN: Tabatha Sclafani at 345 Mentor St., Summerville, SC 29483.

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

#### Equine Experience

Has participant previously ridden a horse? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

#### Medical Form

No Medications will be given during camp times.

List any allergies (bee stings, medications, food, etc.) \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Medical/Dental Insurance Information \_\_\_\_\_

#### Medical Release

I/We, the parent(s) or legal guardian(s) of \_\_\_\_\_ give consent and permission to Legacy Farms/Tabatha Sclafani to render first aid to my child/charge, administer medicine, summon an ambulance, or otherwise provide transport to a hospital where my child may receive emergency medical care. I also certify that above-named rider is not under the treatment for any physical infirmity, chronic ailment, or injury of any nature not listed above or fully disclosed in writing.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_