



Rein and Shine Equestrian Camp

Please complete entire application. A \$150 deposit for your one-week session is required at time of registration. Parents and Students must sign the agreements in order to register. (NO REFUNDS AFTER JUNE 1, 2018)

Camper Name: _____ (First and Last)

Name preferred: _____ Age _____ (6-13)

Male

Female

Parent's Email _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell: _____

Emergency Contact (Relation): _____

Emergency Phone #(s): _____

Please mail **Application , Waiver and Deposit to:**

**Rein and Shine
5220 Bedaw Farm Dr.
Awendaw, SC 29429**

CAMP INFORMATION:

Camp will be located at 4857 Windwood Farm Rd. Awendaw, SC

Camp will start promptly at 8:30 am with drop off between 8:15-8:25

Camp will have an open pick up time between 1:30 to 2:00 pm

Both Drop Off and Pick Up will on Causey Pond Rd. - the back entrance to Windwood Farms. See attached map. Campers should wear long pants and

closed toed shoes (they may bring a change of clothes for after riding), a bag lunch and a water bottle. Any questions please call 843-849-0964 or ctallman@reinandshine.org.

CAMP FEES- \$295

Payments can be paid by credit card/check or cash.

******Each camper will need a \$150 Deposit with application and signed waiver, full installment will be due on the first day of camp or before.***

Please pick your first through third pick on your one - week session. Sessions are limited to 10 campers

First week:	<input type="checkbox"/>
Second Week:	<input type="checkbox"/>
Third Week:	<input type="checkbox"/>

Medical Information:

Camper Allergies ___ Yes ___ No

If Yes what types – and are there medicine taken in case of allergic reaction.

*Does child have any disabilities? _____YES _____NO

If yes, please have attached physician paperwork completed and returned 2 weeks before camp starts unless child is a current Rein and Shine therapeutic student.

Dear Healthcare Provider:

Your patient is interested in participating in supervised equine activities. In order to safely provide this service, we request that you complete (or update) the attached Participant Medical History and Physician's statement. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present and to what degree.

- Orthopedic
- Atlantoaxial Instability (include neurologic symptoms)
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossification/Myositis Ossificans
- Joint Subluxation/Dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Fusion/Fixation
- Spinal Instability/Abnormalities
- Neurologic
- Hydrocephalus/Shunt
- Spina Bifida/Chiari II Malformation/Tethered Cord/
Hydromyelia
- Medical/Psychological
- Allergies
- Animal Abuse
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions
- Fire Setting
- Heart Condition
- Hemophilia
- Medical Instability
- Medications– e.g. photosensitivity
- Migraines
- PVD
- Poor Endurance

**PARTICIPANT'S MEDICAL HISTORY
& PHYSICIAN STATEMENT**
(To be completed by physician)

Participant's Name _____ Date of Birth _____

Address _____

Home Phone _____

Name of Parent(s)/Guardian(s) _____

Height _____ Weight _____ Medications _____

Please list current or past indications/special needs, including surgeries:

AREAS	YES	NO COMMENTS
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Visual

Auditory

Tactile Sensation

Speech & Language

Cognitive/Processing

Learning & Development

Psychological/Emotional/

Behavioral

Muscular

Balance

Orthopedic – Note Scoliosis or

Hip Subluxation/Dislocation

Neurologic

Cardiac

Circulatory

Pulmonary

Integumentary/Skin

Immunity

Pain

Allergies

Other _____

To my knowledge, there is no reason this person cannot participate in supervised equestrian activities.

Name & Title (print) _____ MD DO NP PA

Phone _____

Address (City State Zip)

_____ Signature

_____ Date

