

SHOCKEY STABLES

2025 CHRISTIAN HORSE CAMP REGISTRATION

PLEASE PRINT:
CAMPER INFORMATION:

Name _____ Current Age: _____ DOB: _____

Home Address _____

City/State/Zip _____ Best Contact # _____

T-shirt Size: YOUTH: Sm _____ Med _____ Lg _____ ADULT: Sm _____ Med _____ Lg _____ x-Lg _____

PARENT/LEGAL GUARDIAN INFORMATION:

Mother _____

Father _____

Cell # _____

Cell # _____

Work _____

Work _____

Email _____

Email _____

CONTACT PERSON IF THOSE LISTED ABOVE CANNOT BE REACHED:

Name _____ Relationship _____

Cell _____ Work _____ Home _____

INITIAL BELOW WHICH MONTH YOU WANT YOUR CHILD TO ATTEND CAMP:

JUNE 9-13 _____ **JULY 7-11** _____ **AUGUST 4-8** _____

REGISTRATION FEE:

Please make checks payable to Shockey Stables. Each camp session is \$400.00 per rider. A nonrefundable deposit of \$200.00 must accompany this completed registration form to reserve a place for your child. The remaining balance must be paid on or before the first day of camp. The all-inclusive fee includes all instruction, activities, events, drinks and snacks daily, **pizza or hot dawgs on Friday** and a 2025 Shockey Stables Christian Horse Camp T-shirt! **Monday, Tuesday, Wednesday, Thursday**, please provide your child with a sack lunch.

CAMP STARTS PROMPTLY AT: 9:00 A.M. and ends at **4:00 P.M.** Monday thru Thursday. **However, on FRIDAY starting at 4:00 sharp** we will have a small "End of Camp" ceremony followed with refreshments & fellowship. We encourage family and friends to come and bring your own chair for your utmost comfort.

HORSE EXPERIENCE:

Has your child ridden before? Yes _____ No _____

If yes, please explain: _____

Has your child ever fallen off? Yes _____ No _____

If yes, did he/she get back on or was he/she injured: _____

ITEMS YOUR CAMPER WILL NEED:

- ☺ Smooth soled boots or riding shoes ☺ All hair must be secured away from face/eyes (**NO EXCEPTIONS**)
☺ Hat w/stampede string, cap or visor ☺ Long legged pants with **NO BLING BLING** on pockets. **NO Capri's.**

OPTIONAL ITEMS (PROVIDED BY PARENTS):

Riding helmet, sunglasses, sunscreen, lip balm/bandanna.

SUGGESTIONS:

Sending your camper with a backpack or canvas bag so their belongings can stay together in one place, will minimize possible loss and/or damage. Label all items with last name. All cell phones must remain in backpack until lunch and/or end of day. Favorite and/or new clothing is not recommended during camp week for it could return home permanently stained. Being around horses and barns, there is a lot of dust and **STUFF!**

PHOTO RELEASE:

I _____, hereby give permission for Shockey Stables to use my child’s photo or other likeness in any of Shockey Stables general publicity or campaigning materials. Yes _____ No _____ **INITIAL ONLY**

SWIM RELEASE:

I _____, give permission for my child to swim at SHOCKEY STABLES on or off a horse. This statement is proof that my child can swim and/or will wear a life jacket (provided by parent). I agree to hold SHOCKEY STABLES and all successors, assigns, subsidiaries, franchisees, affiliates, officers, directors, employees, agents and volunteers completely harmless and not liable and release them from all liability whatsoever and **AGREE NOT TO SUE** on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of participant’s use of or presence upon **A FARM ANIMAL PROFESSIONAL’S** property and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages. I have signed below giving complete approval for my child to swim at his/her own risk should any shape, form or fashion of swimming occur at Shockey Stables during camp week.

Parent or Legal Guardian Signature: _____

BEHAVIOR AT CAMP:

Shockey Stables will provide a positive, spiritual and realistic atmosphere for your child while continuously encouraging him/her to set personal goals accordingly and apply them self to the best of their ability. Campers that do not abide within the boundaries of good sportsmanship, mannerly conduct or, are adversely disrupting and affecting the experience of any other child, will be dismissed with no monies refunded.

INSURANCE AND MEDICAL INFORMATION:

You as a parent/guardian are responsible for any medical costs incurred as the result of injury or illness while at camp. Please provide accurate information below regarding any medical situation that Shockey Stables needs to be aware of; e.g., currently on any medication for: Asthma, Allergies, ADD, ADHD, etc. _____

Upon completion of this registration form, please mail to or bring by:

SHOCKEY STABLES 1049 COUNTY ROAD 337 ABILENE, TX 79606

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE & REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITITES.

PARENT or LEGAL GUARDIAN Signature

_____, 2025
DATE signed