

OAKRIDGE



RIDING CLUB

Kelsey Hubert
(805) 279-8480
oakridgeridingclub@gmail.com

ORC Camp Packet

**Summer Camp 2022 Schedule
9:00-12:00 \$ 300 per session**

Check the session below-

- June 6th-8th**
- June 13th-15th**
- June 20th-22nd**
- June 27th-29th**
- July 11th-13th**
- July 18th-20th**
- July 25th-27th**
- Aug 1st-3rd**
- Aug 8th-10th**

*No refunds for missed days. No partial week enrollment

Come learn to ride in a safe and fun environment! Oakridge Riding Club's day camps are designed to teach all aspects of horsemanship, safety and horse care.

Attire: long pants and paddock boots or shoes with a heel preferred. Boots and helmets are provided. Hat and sunscreen. Students must bring snacks and water. Come WEARING sunscreen.

Cancellation/Refund Policy:

Cancellations made after balance due date or camp session has started will not be refunded. In the event of inclement weather, Oakridge Riding Club will offer daycare only. Fun horseless activities and crafts will be done. Oakridge Riding Club reserves the right to substitute the riding portion of camp with other activities due to weather and/or safety issue.

Oakridge Riding Club Registration Form

Kelsey Hubert (805) 279-8480

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** indicates mandatory information*

* Student's Name	<input type="text"/>	*Date of Birth	<input type="text"/>
* Height	<input type="text"/>	* Weight	<input type="text"/>
Has he/she been to Oakridge Riding Club before?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Riding Style Experience	English <input type="checkbox"/> Western <input type="checkbox"/> Dressage <input type="checkbox"/> Other <input type="checkbox"/> (Check all that apply)		
Does your camper have sibling/friends in the same camp?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please List: <input type="text"/>		
* Please list any allergies, ailments, medications or other restrictions:	<input type="text"/>		

• Is camper covered by health insurance? Yes No Insurance Company: Policy No:

*Health insurance is required for each camp participant in order to attend.

Parent/Guardian Information (1st)

Name:

Email

Street Address:

City: State Zip Code:

Home Phone:

Cell Phone: Work Phone Ex

Parent/Guardian Information (2nd)

Name:

Email

Street Address:

City: State Zip Code:

Home Phone:

Cell Phone: Work Phone Ex

DEPOSIT Payment: \$100 Deposit due with registration. Balance due by the FIRST day of camp.

Personal Check #

Signature: _____

By signing here you authorize the deposit to be paid upon receipt of registration form. You will be responsible for balance due, before each camp session.

Please Complete registration paperwork and mail with deposit to-Kelsey Hubert 3354 Royal Ave. Simi Valley, CA 93063

Release of Liability- Day Camp

I do for myself, my heirs, executors, administrators and assigns fully and forever release and discharge the property owners, employees and managers of the following locations listed below. I will hold the following parties harmless for all known and unknown, foreseen or unforeseen bodily and personal injuries, property damage and consequences therefore which I may sustain or cause by any reason of riding, handling or being in the vicinity of the following locations listed below. I do further agree to indemnify and hold harmless the same following parties against all claims, liabilities, loss, death, damages, dismemberment, actions, or causes of action.

By signing this contract you agree to the liability terms above and will hold all involved parties harmless during the time my child or children attend Day Camp or Lessons.

Please initial each of the following-

_____ Oakridge Riding Club, Instructors- Kelsey Hubert & Staff

_____ Oakridge Ranch Property Owners of 5555 Crinklaw Lane Simi Valley CA 93063-
Don & Loren Vander Horck, Charles Lange, Constance Holmes Family Trust

Signature of Minor's Parent

Date

Print Name, Address and Phone Number

Rider's Name & D.O.B-

**Oakridge Riding Club
COVID-19 RELEASE AND WAIVER OF CLAIMS ADDENDUM
("Release")**

The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of Oakridge Riding Club and Kelsey Hubert.

As such, services to be provided by Oakridge Riding Club, the undersigned, for myself and my minor children enrolled in the ORC riding lessons and camps, **fully assume all of the risks associated with participation in the ORC Program, including the possibility of COVID-19 (or the novel corona virus) community spread.**

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING OAKRIDGE RIDING CLUB/ KELSEY HUBERT, PROPERTY OWNERS AT 5555 CRINKLAW LN SIMI VALLEY CA 93063, AND ITS EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE ORC PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING OAKRIDGE RIDING CLUB/ KELSEY HUBERT, PROPERTY OWNERS AT 5555 CRINKLAW LN SIMI VALLEY CA 93063, AND ITS EMPLOYEES AND VOLUNTEERS FROM ANY CLAIMS.

Rider/Students Name- _____
D.O.B- _____

Parent Name: _____

Parent Signature: _____
Date: _____