



Chamounix Summer Camp 2026 Registration Form

For ages 8-13. Camp Hours 9 AM to 4 PM Monday through Friday
At 98 Chamounix Drive Phila PA 19131. Call: 484-774-0518

CAMPER INFORMATION:

Name: _____ Grade: _____ Date of Birth: ____ / ____ / ____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1 Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Parent/Guardian 2 Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

HEALTH INFORMATION:

Camper Medications: _____

Camper allergies: _____

Describe any campers' special needs:

EMERGENCY CONTACT:

If parent/guardian cannot be reached, staff will call
the person listed below:

Name: _____

Phone Number: _____

GRANT CHAMOUNIX STABLES PERMISSION TO:

Administer minor first-aid: _____ (guardian initials)

Take camper on trails: _____ (guardian initials)

RIDING EXPERIENCE:

Has your camper ridden before? Circle Y / N

If Y (yes), which of the following is/camper experienced with?:

Walk ____ Trot ____ Canter ____

Jump: Crossrails ____ Verticals ____

Does your camper know:

Trot Diagonals: Y / N

Canter Leads: Y / N

Circle the week(s) you would like your camper to attend:

Due to limited availability, you may only select up to 2 weeks.

Week 1: June 15 - 19

Week 2: June 22 - 26

Week 3: June 29 - July 3

Week 4: July 6 - 10

Week 5: July 13 - 17

Week 6: July 20 - 24

Week 7: July 27 - 31

Week 8: August 3 - 7

Polo Camp: August 10 - 14

Camp Fee: \$525 per week

Polo Camp Fee (Age 10+): \$275. A camper must know how to walk/trot and tack up independently.

Early Registration Discount: \$25 off the total amount due, if paid in full by March 15th, 2026.

Sibling Discount: \$25 off the total amount due when registering siblings.

RELEASE AND HOLD HARMLESS AGREEMENT
Chamounix Stable/ Work to Ride 98 Chamounix Drive Phila, PA 19131
Northwestern Equestrian Facility 120 Northwestern Ave Phila Pa 19118
Instruction/Activity/ Participation Agreement and Liability Release

By this agreement, made and entered this ____ day of _____ by and between _____, who resides at _____ and Chamounix Stable/Work to Ride, Inc., 98 Chamounix Drive, Phila, PA 19131 and Northwestern Equestrian Facility, 120 Northwestern Ave Phila Pa 19118, herein referred to as "These Stables". It is hereby agreed to as follows:

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student at THIS STABLE, and that student will either ride his or her own horses, or school horses provided by THIS STABLE for instruction purposes.

2. That in the last two years student has ridden horses (write students initials beside appropriate riding time)

A. Less than 10 hours _____ B. 10 to 20 hours _____ C. 20 hours or more _____

3. That parent or guardian and student understand that horses are unpredictable by nature: that when frightened or angry or under stress, a horses natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to jump, to back, to rear up in front, to bite, that horses are extremely powerful; and that if a rider falls to the ground, fall distance will generally be from 3 ½ to 5 ½ feet. I understand these risks, and voluntarily assume these risks and dangers.

4. That parent or guardian and student understands that hereafter upon mounting the horse and taking up the reins the student is in primary control of the horse and that THESE STABLES, nor the City of Philadelphia, including the officers, agents, employees, boards, servants, commissioners, or representatives are responsible for the results of the student's actions or inactions. The student further agrees not to abuse, misuse or deliberately agitate the horse as these actions may result in increased risk to him/her and others.

5. That I have been advised that students should purchase and wear a helmet or hard hat in and around THE STABLE as to prevent horse related injuries.

6. Liability Release: That I understand that I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on Northwestern Equestrian Facility premises and/or trails and/or while riding Chamounix Stables or Northwestern Equestrian Facility, and or while in transit to horse shows, trail rides, or similar expeditions, and for any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage, and that I hereby, for myself, my heirs, administrators and assigns release and discharge the owners, operators, boards, instructors, staff and sponsors of THESE STABLES, Work to Ride, Northwestern Equestrian Facility, City of Philadelphia, including its officers, agents, employees, boards, servants, commissioners, and representatives and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property.

7. That the student is currently covered by accident-medical insurance and will remain insured for the duration of all riding instruction at THIS STABLE.

Name of Insurance Company _____ Policy Number _____
I further understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

8. That this agreement is entered into in the State of Pennsylvania and will be interpreted and enforced under the laws of this state.

9. Upon the signing of this agreement, the student acknowledges that he/she has read and agrees to be bound to THIS STABLE's rules attached as exhibit "B" and incorporated herein by this reference.

I, THE UNDERSIGNED BEING OF LEGAL AGE AND SOUND OF MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.
FULL NAME (S) OF STUDENT RIDER (S) IF UNDERAGE OR GUARDIANSHIP

1. _____
2. _____
3. _____

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

NAME OF RIDER _____

NAME OF PARENT/GUARDIAN _____

SIGNATURE OF RIDER OR GUARDIAN _____ DATE __/__/__

Address of Rider/Guardian _____ City _____ Zip _____

Phone Number of Rider/Guardian _____