



# 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

Email completed forms to lessons@worktoride.net. To Pay, 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:**

Week 1: June 15 - 19

Week 4: July 6 - 10

Week 7: July 27 - 31

Week 2: June 22 - 26

Week 5: July 13 - 17

Week 8: August 3 - 7

Week 3: June 29 - July 3

Week 6: July 20 - 24

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 \_\_\_\_\_