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| **The Pony ClubNORTH SHROPSHIRE PONY CLUB** **JUNIOR CAMP 2025****Mon 28 July – Wed 30 July****Longner Hall, Uffington, Shrewsbury, SY4 4TG** **By kind permission Mr & Mrs R Burton** |

**MEMBERS DETAIL FORM**

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| **Name of Member:** |  | **AGE (For members aged 10 and under on first day of Camp)** |  |
| **Name of Pony: (if known)** |  | **Size of Pony:** |  |
| **Mobile Tel:** |  |
| **Email Address:** |  |
| **Name of Parent/Guardian:** |  |

**Important – Parent/Guardian must answer ALL the following questions and then sign at the bottom.**

**General: The total cost of Junior Camp is £110.00 per member.**

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| **1** | **I have paid the non-refundable (unless place can be filled) deposit of £50.00 via the website and agree to pay the remaining balance of £60 when requested or in instalments of £20/child (April/May/June) via North Shropshire Camp account 55811558 555005 (you MUST let me know when you have paid any amount and mark as J Camp). Please do NOT use this account for any other payments.** | **Yes/No** |
| **2** | **I agree to accept full responsibility for the supervision of non-riding children at ALL times and riding members when they are not with their Coach.** | **Yes/No** |
| **3** | **Please indicate if your child suffers from any of the following epilepsy, asthma, other allergic conditions? If yes, please provide details.**  | **Yes/No** |
| **4** | **I agree to help set up Junior Camp on the afternoon of Sunday 27th (time to be confirmed).** | **Yes/No** |
| **5** | **Does your child use an inhaler?** | **Yes/No** |
| **6** | **I am happy for any of the older Pony Club members who are helping at Junior Camp to assist my child during teaching and non-teaching times and I understand that it is my responsibility to supervise this.** | **Yes/No** |
| **7** | **I confirm that the pony that my son/daughter will be bringing to camp is up to date with his/her vaccinations for equine flu.** | **Yes/No** |
| **8** | **I consent to my child having their photo taken during camp activities** | **Yes/No** |

**Signed & approved by Parent/Guardian……………………………………………………………….Date……………………..**

**Completed forms to:** Ann Gregory, The Old Post Office, Ellerdine Heath, Telford TF6 6RP