

Chastain Horse Park

Horseback Basics

Summer Camp 2026



Healing through Horses

Discover the thrill of riding and the joy of caring for horses at our one-week Horseback Riding Camp at Chastain Horse Park. Open for kids ages 7-11, campers will learn the fundamentals of horseback riding, grooming, and horse care in a supportive, fun environment led by our experienced counselors. Each day combines hands-on lessons with important safety skills, games, and small-group instruction to build confidence, balance, and respect for horses. Join us for a fun-filled week and ride home with new friendships, equestrian skills, and unforgettable memories. **(current therapeutic client participants need to seek approval from Therapeutic Program Director, Kate Robbins, prior to registration?)**

Space is limited so please sign up now to reserve your child's week of fun! Enrollment is limited to 10 campers per session.

Camp activities include but are not limited to

- Daily riding lessons
- Horse leading and handling
- Grooming
- Tacking and untacking
- Bathing
- Horse-related crafts

Hours: Monday-Friday 10:00 a.m. – 3:00 p.m.

Tuition: \$900 per session

Camp Dates:

Session 1: June 15-19th

Session 2: July 6-10th

**Please complete all forms and either scan and email to
CarolineHarris@chastainhorsepark.org
or bring them in person to Chastain Horse Park. For questions, please contact Caroline
Harris directly at (404) 580-1587.**

CHASTAIN PARK HORSE LOVERS

2026

SUMMER CAMP REGISTRATION FORM

CAMPER'S NAME: _____

CAMPER'S AGE: _____

CAMP SESSION/DATE DESIRED: _____

Primary Contact info:

Name: _____

Mobile/Cell #: _____

Relationship to camper: _____

Email address: _____

Name of person (s) other than parent approved to pick up child from camp:

Emergency contact info:

Name: _____

Mobile/Cell #: _____

Relationship to camper: _____

Previous horse experience:

How did you hear about Chastain Horse Park's summer camp?

T-shirt size (youth) circle one: S M L XL

IMPORTANT

In order for our staff to better assist your child in having a great camp experience, we ask that you complete this form. The more we know about your child in advance, the better we can plan to serve them in the best way possible.

Allergies: YES NO

If you circled YES, please fill out the following. THIS CAMPER IS ALLERGIC TO :

_____ FOOD (please specify)

_____ MEDICATION (please specify)

_____ BEES OR INSECTS (please specify)

_____ OTHER (please specify)

If you circled the YES for ALLERGIES, what is the allergy action plan?

EPI PEN WITH CAMPER: YES NO

MEDICATION WITH CAMPER (please specify): YES NO

Does this camper regularly take medication during our camp hours? If so, what type_____

DOES THE CAMPER HAVE ANY SPECIAL NEEDS OR REQUIREMENTS FOR ADDITIONAL ASSISTANCE WITH ANY CAMP ACTIVITIES DUE TO A DISABILITY?

YES NO

If yes, please contact us directly at 404-580-1587

PAYMENT INFORMATION

CREDIT CARD INFO—Information below must be completed in full by cardholder:

(Circle one) MasterCard Visa American Express

Card No.: _____ Expiration Date: _____

CVC Code: _____

Print Name on Card:

Signature: _____

Billing Address:

I authorize Chastain Horse Park to charge my account and I understand that processing fees will be applied.

Signature: _____

Date: _____

MEDICAL RELEASE:

In case of an emergency, I give permission to Chastain Horse Park to secure medical treatment including x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service rendered under the general or specific instructions of any physician or hospital. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred.

PHOTO RELEASE:

I consent to and authorize the use and reproduction by Chastain Horse Park of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

LIABILITY RELEASE:

I acknowledge the risks and potential risks of a horseback riding program, including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on rider, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the child I care for are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Chastain Horse Park, its board of directors, instructors, therapists, volunteers and/or Employees for any and all injuries and/or losses I may sustain as a result of use of Chastain Horse Park property, equipment, or facilities.

WARNING: Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

I HAVE READ THE INFORMATION ABOVE AND THE HOLDHARNLESS AGREEMENT, AND GIVE EMERGENCY MEDICAL, PHOTO, and LIABILITY CONSENT. I HAVE READ AND AGREE TO ABIDE BY THE CHASTAIN HORSE PARK LESSON PROGRAM POLICIES version 2.14.

_____ Date: _____

Parent Signature

Print Name: