



Mathew Meyers  
County Executive



# WINTER WONDERLAND




## SINGLE DAY MINI-CAMPS AT CAROUSEL PARK & EQUESTRIAN CENTER

Monday, December 16 through Sunday, December 22, 2019\*

Welcome to Carousel Park and Equestrian Center's Winter Wonderland Single Day Mini Camps! Our one-of-a-kind, single day sessions offer participants the unique opportunity to enjoy horse-care and riding activities and holiday-themed gift crafting!

Participants between the ages of 8 and 14 are welcome to join us while parents take time to shop for holiday gifts, enjoy a date night, or just sit by a fire with warm cider!

### Weekday Sessions:

-  Monday, December 16 through Friday, December 20, 2019
-  Time: 4:30 – 7:30 pm.
-  Cost: \$75/single-day session\*

### Weekend Sessions:

- |   |   |
|---|---|
|  Saturday, December 21, 2019 |  Sunday, December 22, 2019 |
|  Time: 10:00 am – 3:00 pm    |  Time: 12:00 – 5:00 pm     |
|  Cost: \$125*                |  Cost: \$125*              |

\*No refunds after Friday, December 6, 2019

**REGISTRATION:** Please select the session(s):

### Weekday (4:30 – 7:30pm):

Monday, 12/16     Tuesday, 12/17     Wednesday, 12/18     Thursday, 12/19     Friday, 12/20

### Weekend:

Saturday, 12/21 (10:00am – 3:00pm)     Sunday, 12/22 (12:00 – 5:00pm)

Camper's Name: \_\_\_\_\_ Height/Weight: \_\_\_\_\_ DOB: \_\_\_\_\_

Camper's Horse Experience/Riding Level: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Alt Phone Number: \_\_\_\_\_

Emergency Contact – Name/Phone Number: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Photo Consent and Liability Release Agreement



Participant Name: \_\_\_\_\_

Participant or Parent Guardian Signature if under 18: \_\_\_\_\_

I consent to and authorize the use and reproduction by New Castle County of any all photographs and any other audio/visual material taken me/the minor for promotional material, educational activities, and exhibitions for the benefit of New Castle County.

**PLEASE CIRCLE: YES / NO**

### **PARTICIPANT LIABILITY RELEASE AGREEMENT (“AGREEMENT”)**

As a participant or parent or legal guardian of a participant (“I”), I hereby acknowledge and understand that horseback riding and being around horses are dangerous activities which can result in injury and death. I agree that I or my heirs, assigns, or next of kin will not sue or make a claim against NEW CASTLE COUNTY, its officials, employees, agents, licensees and/or volunteers (collectively the “RELEASED PARTIES”) for injuries and/or damages that may occur as a result of the participant’s involvement in horseback riding, horseback riding instruction, handling, or being on or near horses or ponies on the property of CAROUSEL PARK, or any other activity in which I may participate at CAROUSEL PARK. I hereby release, indemnify, and hold harmless the RELEASED PARTIES from all losses, damages, judgments, costs, and attorneys’ fees that may occur as a result of injury to the participant or his or her involvement in activities at CAROUSEL PARK and related claims by any parties, even if arising from the negligence of the RELEASED PARTIES. I have read all applicable rules regarding protective equipment, and I understand that I am required to wear protective equipment, although I understand that no protective equipment can guard against all injuries. I understand that risks are involved in riding, handling, or being on or near horses and ponies (including, but not limited to falling off of a horse or being kicked by a horse), and by signing this agreement, I take full responsibility in the event of any injury. I have read this agreement carefully, and I understand the risks involved and agree to assume them. I sign this agreement voluntarily and with full knowledge of its significance.

**WARNING: PURSUANT TO DELAWARE LAW, 10 DELAWARE CODE §8140, AN EQUINE PROFESSIONAL AND/OR EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. Moreover, governmental entities and their employees shall be immune from tort claims seeking recovery of damages pursuant to 10 Del. C. § 4011, et seq.**

Signature (Parent/Guardian if under 18)/Date: \_\_\_\_\_

Witness (New Castle County)/Date: \_\_\_\_\_



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# Medical Information Form

## Winter Mini Camps



### Personal Information

Camper's Name		Birth Date		Social Security No.	
Family Physician		Phone No.		Family Dentist	
				Phone No.	
Medical Insurance Provider			Policy No.		Group No.

**\*Immunization History-Campers immunization record is REQUIRED-  
Please Submit ENTIRE IMMUNIZATION RECORD**

Month / Year	DTP (Diphtheria, Tetanus, Pertussis)	Month / Year	HIB (Hemophilus Influenza)
Month / Year	OPV (Polio Oral) / IPV (Polio Injected)	Month / Year	MMR (Measles, Mumps, Rubella)

**Please indicate if your child is taking any medications.  
NOTE: Camp staff is not permitted to dispense medication.**

Medication	Reason for Taking	Dosage	Time Taken
Medication	Reason for Taking	Dosage	Time Taken

**Please indicate if you child has, or has ever had, any of the following conditions:**

Y	N	Abdominal Pain	Y	N	Fatigue (chronic)	Y	N	Mononucleosis
Y	N	Anemia	Y	N	Head Injury	Y	N	Pneumonia
Y	N	ADD, ADHD	Y	N	Headaches (recurrent)	Y	N	Seizures
Y	N	Asthma	Y	N	Hearing Loss	Y	N	Sinus Infections
Y	N	Bronchitis	Y	N	Heart Disease, Murmur	Y	N	Skin Disorders
Y	N	Congenital Abnormality	Y	N	Hepatitis	Y	N	Tuberculosis
Y	N	Cancer	Y	N	High Blood Pressure	Y	N	Vision Problems
Y	N	Depression	Y	N	Immune Disease	Y	N	Urinary Tract Infection
Y	N	Diabetes	Y	N	Kidney Disease			
Y	N	Ear infections (chronic)	Y	N	Migraines			

**PLEASE COMPLETE REVERSE SIDE OF FORM**

**Please indicate if you child has, or has ever had, any of the following conditions and provide an explanation:**

Y	N	Allergies to medications	
Y	N	Other allergies	
Y	N	Prior hospital admissions	
Y	N	Surgeries	
Y	N	Knee/ankle injuries requiring medical attention	
Y	N	Serious injuries that did not require hospitalization	
Y	N	Broken bones, fractures, or other dislocations	
Y	N	Unexplained loss of consciousness	
Y	N	Excessive absenteeism from school due to illness	
Y	N	Restricted physical activity due to illness or injury within 3 years	
Y	N	Treatment or counseling for any emotional or psychiatric problem within 3 years	
Y	N	Physical or emotional disability	
Y	N	Any other significant past medical history	
Y	N	Family or lifestyle changes within the past year	

**Please provide any other pertinent medical information**

**Medical Release Statement**

I hereby give my permission to the medial personnel selected by New Castle County and/or the Summer Recreation Camp Staff to order treatment and necessary transportation for my child on a routine or emergency basis. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child named above.

I give my permission for New Castle County and/or the Summer Recreation Camp Staff to release and receive protected health information regarding my child in the event that the information is required for the completion of medical records and referrals made, but not limited to, consultants, labs, and hospitals involved in my child's care.

Parent / Guardian Name	Parent / Guardian Signature	Date
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