



OFFICE USE ONLY  
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## **2026 Summer Camp Application**

9513 South Hwy 183 Austin, TX 78747 • [www.ScissortailHillEquestrian.com](http://www.ScissortailHillEquestrian.com)

Camper Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

*Please describe camper's riding experience:*

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**Please select the best description of your rider (helps us prepare):**

**Beginner** - Little or no horse experience, very young riders, riders lacking confidence, or needing a refresher. A rider can be considered Intermediate once the rider is fully confident controlling a horse at the trot without a leader.

**Intermediate** - Riders with at least enough experience to confidently control a horse at the trot. Basic horsemanship knowledge, like grooming, required.

**Advanced** - Riders at a progressed stage of their riding (in any saddle or discipline) who are either jumping already or interested in trying out jumping. This includes riders Eventing up to Beginner Novice level and Hunters riding 2'3"/2'6". Riders must be able to lope/canter or have started to learn.

**Please select the camp session(s) you would like to register for: 9am-4pm**

March 16-20 ; ***Spring Break Camp***

June 1-5                     June 8-12                     June 15-19

June 29 – July 3             July 6-10                     July 13-17

July 27-31; ***ADVANCED RIDERS ONLY***

## **Tuition**

Camp Tuition is \$475 per session. A deposit of \$75 is required to hold a spot and is fully applied to tuition. Campers may also attend on a per day basis pending availability for \$115 per day. Discounts for students currently enrolled in the Scissortail lesson program. Please select any additional services requested.

- Early Drop Off/Late Pick Up \$15/day/hr \_\_\_\_\_ (*days/times*)
- "Bring Your Horse To Camp" horse care \$150/week
- Current Scissortail lesson student (at least 2 lessons monthly)

## **What to Bring**

Campers need to bring

- Riding pants or jeans
- Riding shoes or boots
- Sack lunch
- Drinks and/or water bottle
- Sunscreen and hat or visor
- Bug Spray/repellent

Campers may bring

- Change of clothes
- Riders own helmet (we will provide if not owned)
- *Cell phones are allowed but must stay in bags and not be used for leisure activities during camp*

Campers should *not* bring

- Tablets and other personal electronics
- Valuables (jewelry, cash)

## **In case of emergency, contact**

1. Name \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_

2. Name \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_

## Insurance

Name of Policy Holder: \_\_\_\_\_

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

Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

In the event that none of the above can be reached, instructors, agents and employees of Scissortail Hill Equestrian, are given permission to contact necessary professional.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital: \_\_\_\_\_

*It is further understood that Scissortail Hill Equestrian and its instructors, agents and employees are hereby released from liability with respect to any accidents that might occur. I also understand that Scissortail Hill Equestrian does not provide accident insurance.*

**Immunization Dates** *State Law requires that we have the following on file*

DPT \_\_\_\_\_ MMR \_\_\_\_\_ TB \_\_\_\_\_ Polio \_\_\_\_\_ Other \_\_\_\_\_

## Allergies

Insect Stings \_\_\_\_\_ Asthma \_\_\_\_\_

Food \_\_\_\_\_ Other \_\_\_\_\_

Please use this space to supply Scissortail Hill Equestrian with any information (physical, medical, social, psychological, etc.) that we should know about the camper. Include any regular or emergency medications.

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**WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICES AND REMEDIES CODE), AN 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.**

Signature of Parent or

Guardian: \_\_\_\_\_

Date: \_\_\_\_\_