

PERSONAL INFORMATION

Male

Female

Full Name:				Date of birth:			
Nationality:		City:		Passport No:			
Address:							
Postal Code:		1 st / 2 nd Language		/			

Camper Phone Number:	
Camper E-Mail:	

Weight (Kg):	
Height (m):	

EMERGENCY CONTACTS:

Mother Father Legal Guardian Other

Mother Father Legal Guardian Other

Home Phone:	
Cell phone:	
E-mail:	

Home Phone:	
Cell phone:	
E-mail:	

TRAVEL DETAILS to OPORTO AIRPORT:

ARRIVAL	
DATE:	
HOUR:	
FLIGHT NO:	

DEPARTURE	
DATE:	
HOUR:	
FLIGHT NO:	

ADDITIONAL INFORMATION:

International Equestrian Camp Period	<input type="checkbox"/>	2 nd to 14 th July 2018
	<input type="checkbox"/>	16 th to 28 th July 2018
	<input type="checkbox"/>	23 th to 4 th August 2018 (full)

Selected CAS Week Period	<input type="checkbox"/>	From: _____
		To: _____

INFORMATION FOR PARENTS

You may be anxious about sending your son or daughter to another country. Please be assured that your child's safety and comfort is our top priority. We hope the information below will help ease any concern you may feel. If you have additional questions, please contact us at info@portugalequestrian.com

ARRIVAL AT OPORTO INTERNATIONAL AIRPORT

One of our mentors will be waiting with a PORTUGAL EQUESTRIAN sign as your child exits the baggage claim area. A shuttle bus will drive students and staff to Equestrian Camp, approximately 40 kilometers north of the airport.

DEPARTURE FROM OPORTO

On departure day, the shuttle bus will make multiple trips between the Camp and the airport to minimize the time your son or daughter will spend waiting at the airport. Please provide us with your child's arrival and return flight information by June 1, so that we can arrange the shuttle schedule.

VISA

Please send us an email at info@portugalequestrian.com as soon as your son or daughter has been granted their Visa to visit Portugal. If your son or daughter does not require a visa to attend, please send us an email informing us.

SUPERVISION

We simply pick the best staff to care, guide and inspire the children. Our Camp Directors and their assistants are supported by an enthusiastic team of Head Group Leaders, Camp Leaders, Key Workers and Nursery staff who collectively create the unique team spirit our camps are famous for. Equestrian Camp participants are supervised 24h/day. Each group of students will have 2 monitors to supervise all of their activities during the day and night. Others Equestrian Camp instructors and staff also oversee activities. The Programme Supervisor will also be at Camp 24h/day.

SAFETY

Barcelos is a safe and friendly city. The activities of the Equestrian Camp are inside the Equestrian Centre with a 98 hectares space. All activities are supervised by specialized monitors and the necessary precautions are taken to maximize participants safety. The accommodation facility is used only by participants in the equestrian camp and has a security company that ensures the hotel safety.

Security company details » Name: Lider Serviços Gerais de Vigilância Lda; License no: 160/A; Address: Rua Central de Vila Verde nº 115, 4470-216 Maia; Phone: +351 22 982 13 72 / +351 935 289 210.

MEDICAL CARE

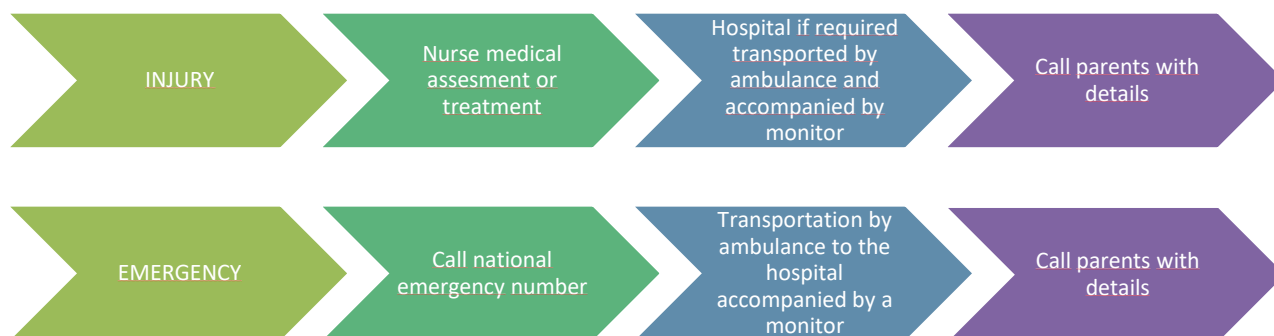
For non-emergencies, our on-campus Medical Clinic will provide with a certified nurse during all daytime activities your child with convenient, confidential care, which may include administering medication. Health care is included in your package.

In case of emergency, your child will receive help from one or more of these sources:

- A monitor with training in first aid and CPR.
- Barcelos Hospital Emergency Medical Services located within 5 minutes from accommodation and 10 minutes from the camp. Hospital Details » [Phone: +351 253 809 200](#) | [Address: Campo da República, 4754-909 Barcelos.](#)



INJURY OR EMERGENCY PROTOCOL



EMERGENCY CONTACT

In an emergency, please call:

EQUESTRIAN CAMP DIRECTOR, Bruno Barros:

+351 963 662 349 / +351 927 427 567

EQUESTRIAN CAMP DESK, Melissa Akers: +351 961 623 761

ACCOMMODATION FACILITY

Your child will share a residence room with another camp participant of the same gender. Each bedroom has private shower stalls, sinks, and toilet stalls. The student counsellor sleep on the same residence floor as camp participants and are available 24 hours a day. In addition, the accommodation staff and the night guard are ready to help at any time.

MEALS

All lunches, morning snack and afternoon snack will be catered at camp's restaurant (up to 400 seats). Dinner will be inside the accommodation building. Equestrian Camp will make every effort to accommodate dietary restrictions. View a sample menu to see what kinds of food are offered at www.portugalequestrian.com

RIDING ABILITY

Which level describes you? *(Please tick one or more of the following)*

- Level 1: Beginner** No experience, only the desire to learn and the promise to enjoy!
- Level 2: Novice** - You will have had some lessons and will be competent at walk, trot and canter within an arena. You will also have had some hacking experience.
- Level 3: Intermediate** - You might own or have owned your own horse, maybe done some local competitions. You will be capable of riding your horse in the company of other horses. You will have the ability to ride confidently in walk, trot, canter and jump small obstacles.
- Level 4: Experienced Intermediate** - You will probably have your own horse or are riding several times a week. You will have competed or hunted. You have experience and can control a horse confidently at all paces.

- Level 5-7: Experienced** - You will have had many years working with horses, riding on a daily basis or competing at National or International level. If you selected Experienced, in which discipline you choose the Riding Clinics:

Show Jumping	<input type="checkbox"/>
Dressage	<input type="checkbox"/>
Combined	<input type="checkbox"/>

CERTIFICATION: All levels of riding from 1 to 7, are based on the sequence of skills according to the training scheme of the Portuguese Equestrian Federation and also the International Group for Equestrian Qualifications (IGEQU). Each camper will take an exam at the end of the course to obtain the respective grade.

OTHER QUESTIONS

How long have you been riding for?

How frequently do you ride?

How frequently do you have lessons?

INSURANCE *(This information is required in case of sickness)*

The insurance of the camp covered against injuries and accidents related to all camp activities (night and day). Please make sure you are insured and covered against sickness, cancellation and losses, as we cannot accept liability for any loss or damage to your personal property or for any illness that may have or develop during the stay here with us.

Name of Insurance Company:	
Your Insurance policy No. :	
Insurance Company Phone number in case of an emergency:	

HEALTH INFORMATION

1. Does your child have accessibility requirements?

- Yes No

If yes, please indicate how we can best met your child's needs:

2. Does your child have special dietary requirements?

- Yes No

If yes, please indicate which one(s):

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> No Pork |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Halal |
| <input type="checkbox"/> Kosher | <input type="checkbox"/> Lactose-free |
| <input type="checkbox"/> Gluten-free | <input type="checkbox"/> Other: _____ |

3. Does your child have allergies?

- Yes No

If yes, please list the allergies here:

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

Please describe allergy details (medications required, timing of reactions, reaction management, etc):

Parent/Guardian's Signature: _____ Date: _____

AUTHORIZATION TO ADMINISTER MEDICATION

Medication may be self-administered by the participant

Medication must be administered by the Programme Director or Designate

I, (full name) _____ authorize the administration

of (name of medication) _____

to (participant's name) _____

for (reason) _____

by the Programme Director or a staff member designated by the Programme Director.

Date medicine started: ____ \ ____ \ ____ (Month\Day\Year)

Date medicine will start at Programme: ____ \ ____ \ ____ (Month\Day\Year)

Date medicine will end at Programme: ____ \ ____ \ ____ (Month\Day\Year)

Dosage: _____

Times of Administration:

1. _____ 2. _____

3. _____ 4. _____

Does the medication need to be refrigerated? Yes No

Special Instructions (e.g. "Must be taken with food.")

Side effects: _____

Stop medication if the following reaction(s) occur: _____

Has this medication been prescribed by a physician? Yes No

If yes, please provide the following information:

Prescribing physician's name: _____

Prescribing physician's phone number: _____

Parent/Guardian's Signature: _____ Date: _____

WHAT TO PACK

What to bring Check list:

- Backpack
- Toiletries, including:
 - Shampoo
 - Body Wash
 - Toothbrush
 - Toothpaste
 - Deodorant
 - Floss
 - Sunscreen
- Hat
- Underwear and socks
- Sandals, running shoes
- A couple of sweaters
- All-purpose rain jacket
- Pajamas
- Several modest shirts/tops and shorts/capris
- Jeans and/or Sweatpants
- Any medication needed
- Pocket money for souvenirs and other purchases

Riding Equipment

- Riding Pants or similar
- Riding Boots or Chaps (or running shoes)
- Optional:** Riding Helmet and socks

NOTE: All equipment related to the security of the rider and horses tack are guaranteed with the highest quality standards. Specific equipment will be provided for dressage or jumping disciplines.

You don't need to bring the following:

- Bed sheets
- Pillows
- Towels
- Equestrian: Horse Tack, Whips, Spurs.

Destination: Barcelos, Portugal.

Average July temperature **25°C / 77°F**

Check Barcelos daily forecast

PUBLICITY CONSENT

I, (parent or guardian's full name) _____

Hereby give permission for (participant's full name) _____

_____ to participate in any publicity arranged for the Equestrian Camp programme. I understand that my child's image or voice may be used to promote the Camp through various media which may include newspapers, social media, websites, photographs, television, slide presentations, and videos. I understand that such material becomes the property of the Portugal Equestrian.

Parent/Guardian's Signature _____

Date: _____

INDEMNIFICATION AND RELEASE

I, _____, hereby release and forever discharge the North Equestrian Club and its respective officers, employees, and agents from and against all claims, actions, costs, damages, and expenses with respect to damage and/or bodily injury to my child as a result of his or her participation in the Equestrian Camp.

I understand that the Equestrian Camp programme has a violence-free policy to ensure the safety of all participants. Any behavioural misconduct will result in immediate removal from this programme, with no money refunded.

Having read and understood the indemnification and release form in its entirety, I declare that I hereby agree to be bound by the terms and conditions. Understanding the terms and conditions of this indemnification and release, I give my consent for the registrant to participate.

Date: _____

Parent or Guardian Signature: _____

Witness Signature: _____

ACKNOWLEDGEMENT OF PROGRAMME RULES

THIS FORM SHOULD BE COMPLETED BY THE PROGRAMME PARTICIPANT.

I agree to

1. Respect all Equestrian Camp staff.
2. Abide by the laws of Portugal. I understand that the use of drugs and alcohol is strictly prohibited.
3. Be accompanied by a monitor at all times.
4. Respect the cultural difference of other participants and staff.

I understand that if I fail to follow these rules, I may be sent home at my own expense.

Participant's name: _____

Preferred Name (if any): _____

Participant's signature: _____

Date: _____

PARENTAL ACKNOWLEDGEMENT AND PERMISSION

I have read and understood all the information provided above. I understand and allow my child to stay at the Portugal Equestrian Camp and participate in all the activities during the programme. I hereby give consent for my child to participate in the Equestrian Camp.

Name of Student: _____

Preferred Name (if any): _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____