



Mathew Meyer  
County Executive

# CAMP CAROUSEL, SUMMER 2022

Monday, July 18 - Friday, July 22

Welcome to Carousel Park & Equestrian Center’s Summer Camp, 2022! This one-week camp is for participants ages 8-14 and emphasizes horse safety, education, and FUN! Campers are assigned an equine partner for the week. Educational activities include lessons in equine behavior, health and nutrition, and general equine maintenance and care. Daily riding activities include direct riding instruction, games on horseback, trail rides, and the chance to experience both English and Western riding. Games and craft-based activities complement the instructional day.

**Dates/Times:**

- Morning Camp: Monday, July 18 through Friday, July 22 from 8am to 1pm.
- Afternoon Camp: Monday, July 18 through Friday, July 22 from 2pm to 7pm.

**Cost:** \$300/camper

**What to Bring:**

1. Attire for riding: Riding boots or hard-soled shoes with 1/2” heel, jeans or long pants. Helmets will be provided as needed.
2. Lunch and snack: In our efforts to keep everyone safe, we have established a “No Nut” policy in our program. We ask participants to read labels and not bring any food items that contain nuts.
3. Refillable water bottle.
4. One change of clothes (t-shirt, jeans or shorts).
5. Sunscreen and insect repellent.

Campers will report to the barn office and a parent/guardian must sign each camper in and out each morning and afternoon. If someone other than the parent/guardian will be picking up the camper, a photo ID and a note from the parent/guardian is required.

**REGISTRATION:**  Morning (7/18 - 7/22, 8 a.m. to 1 p.m.) **OR**  Afternoon (7/18 - 7/22, 2 to 7 p.m.)

Camper’s Name	DOB	Height	Weight	Riding Level
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Parent/Guardian Name (print)	Parent/Guardian Signature
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Address	Daytime phone number
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Parent/Guardian email address \_\_\_\_\_

Emergency Contact - Name and phone number \_\_\_\_\_

**ALLERGIES, SPECIAL NEEDS (PLEASE EXPLAIN)** \_\_\_\_\_

Matthew Meyer  
County Executive



Carrie Casey  
General Manager

Department of Community Services  
77 Reads Way  
New Castle, DE 19720  
302-395-5600  
[www.ncc.de.org](http://www.ncc.de.org)

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.

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

**Participant or Parent Guardian Signature:** \_\_\_\_\_

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

**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

## Carousel Park Summer Riding Camp 2022



### Personal Information

Camper's Name		Birth Date		Social Security No.	
Family Physician		Phone No.		Family Dentist	
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

**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 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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