



**PERSONAL INFORMATION**

Male

Female

Full Name:				Date of birth:			
Nationality:		City:		Passport No:			
Address:							
Postal Code:		1 <sup>st</sup> / 2 <sup>nd</sup> 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"/>	16 <sup>th</sup> to 28 <sup>th</sup> July 2023
	<input type="checkbox"/>	30 <sup>th</sup> to 11 <sup>th</sup> August 2023 (full)

Selected CAS Week Period	<input type="checkbox"/>	From: _____
	<input type="checkbox"/>	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@equestriancamp.pt](mailto:info@equestriancamp.pt)

### **ARRIVAL AT OPORTO INTERNATIONAL AIRPORT**

One of our mentors will be waiting with a EQUESTRIAN CAMP sign as your child exits the baggage claim area. A shuttle bus will drive students and staff to Equestrian Camp, approximately 30 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@equestriancamp.pt](mailto:info@equestriancamp.pt) 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 Instructors 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**

Esposende is a safe and friendly city. The main activities of the Equestrian Camp are inside the Equestrian Centre 4 hectares space. All activities are supervised by specialized monitors and the necessary precautions are taken to maximize participants safety.

### **ACCOMMODATION FACILITY**

The accommodation facility is the Ofir Beach Resort Hotel, situated between the ocean with its golden sandy beaches and the clear waters of the Cávado River. Campers will use interconnected 3/4-bedded rooms with private and complete bathroom, air conditioning, satellite TV, and direct dial phone on each room. The student counsellor sleep on the same floor as camp participants and are available 24 hours a day. In addition, the accommodation staff are ready to help at any time.

## MEDICAL CARE

For non-emergencies, our on-campus Medical Clinic will provide with a certified staff 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.
- Esposende Hospital Emergency Medical Services located within 5 minutes from accommodation and 5 minutes from the camp. Hospital Details » Phone: +351 253 969 480 | Address: Av. Dr. Henrique Barros Lima 37, 4740-203 Esposende.

## EMERGENCY CONTACT

**EQUESTRIAN CAMP DIRECTOR, Bruno Barros:**

+351 963 662 349 / +351 927 427 567

In an emergency, please call:

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

## MEALS

All lunches, morning snack and afternoon snack will be catered at camp. Breakfast and dinner will be in the Hotel. Equestrian Camp will make every effort to accommodate dietary restrictions. View a sample menu to see what kinds of food are offered at [www.equestriancamp.pt](http://www.equestriancamp.pt)

## **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	
Dressage	
Combined	

**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?

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How frequently do you ride?

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How frequently do you have lessons?

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## **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:

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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):

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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 (optional)

### **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: Esposende, Portugal.**

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

Check Esposende 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 EQUESTRIAN CAMP.

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 CAMP 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 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: \_\_\_\_\_