

RULES OF THE EQUESTRIAN CAMPS AT THE "SALIO" EQUESTRIAN CENTER

PARTICIPANT'S RESPONSIBILITIES:

1. Will comply with all instructions of the Manager and Counselors;
2. Will maintain cleanliness, order, and tidiness in the stable;
3. Will not stray beyond the confines of the Salio Center.

OTHER:

1. Each participant of the camp is covered by group insurance. As equestrian activities belong to a higher-risk category, it is recommended to purchase additional individual accident insurance (NNW).
2. Parents (legal guardians) are obligated to bring their children to the camp on the first day of the session and pick them up promptly at the end of the camp.
3. Any injuries, ailments, or other issues should be promptly reported to the Counselors.
4. Organizers are not liable for items lost by participants during the camp or for damages to children's belongings caused by other participants.
5. We recommend comfortable, sporty attire:
 - Riding attire – long, comfortable trousers that do not cause abrasions (breeches, leggings);
 - Flat, stiff-soled shoes, sports shoes as an alternative;
 - Riding helmets are encouraged; children without helmets will be provided with one for riding time;
 - Warm sweater;
 - Rain jacket;
 - Headgear, a cap with a visor;
 - Other: sunscreen with UV protection.
6. Photos will be taken during the camps. I consent to the publication of photos of my child in promotional materials of the "Salio" Equestrian Center.
7. The price for a session (7 days) is 3350 PLN.

Payments can be made to the following account: Salio Equestrian Sports Club, Besiekierz Rudny 50, 95-001 Biała Account Number: Santander Bank Branch in Zgierz: 75 1090 2705 0000 0001 2090 7934 Please include the participant's details and session number in the title.

8. The full payment for the camp must be made one week before the start of the session.
9. The organizers reserve the right to cancel the session without specifying reasons (e.g., due to a low number of participants).
10. DECLARATION I declare that I have read the information about the camps and the regulations of the Salio Equestrian Camp. I agree to the presented conditions of my child's participation in the camp. I confirm that I have provided all known information about my child that may assist in ensuring proper care during their stay at the camp. I undertake to pay for my child's stay at the camp.

QUALIFICATION CARD FOR PARTICIPANT OF LEISURE TIME I. INFORMATION REGARDING LEISURE TIME

1. Form of leisure:

- Summer camp
- Winter camp
- Camp
- Bivouac
- Bivouac

2. Leisure period:..... –

3. Leisure address, location of the leisure center: Salio Equestrian Center, Besiekierz Rudny 50, 95-001 Biała

.....

(place, date)

.....

(signature of the leisure organizer)

II. INFORMATION REGARDING THE LEISURE PARTICIPANT

1. First name(s) and surname

2. First and last names of parents
.....

3. Year of birth

4. Participant's PESEL number.....

5. Residential address.....

6. Address of residence or stay of parents.....
.....

7. Telephone number of parents or telephone number of a person designated by the leisure participant during the leisure period.....
.....

8. Information about the special educational needs of the leisure participant, especially regarding needs arising from disabilities, social maladjustment, or the risk of social maladjustment.....
.....

9. Relevant health information about the leisure participant, psycho-physical development, and dietary requirements (e.g., allergies, motion sickness, ongoing medication and dosages, orthodontic appliances, or glasses).....

..... Regarding vaccinations (along with specifying the year or presenting the health record book with the current vaccination entry):

Tetanus
Diphtheria..... Other
.....
.....

.....
(place, date)

.....
(signature of the participant)

III. DECISION OF THE LEISURE ORGANIZER REGARDING THE PARTICIPANT'S QUALIFICATION FOR PARTICIPATION IN THE LEISURE

It is decided: to qualify and direct the participant for leisure to refuse to direct the participant for leisure due to.....
.....

.....
(place, date)

.....
(signature of the leisure organizer)

IV. CONFIRMATION BY THE LEISURE MANAGER OF THE PARTICIPANT'S STAY AT THE LEISURE LOCATION

The participant stayed at the Salio Equestrian Center, Besiekierz Rudny 50, 95-001 Biała, from (day, month, year). to the day (day, month, year)
.....

.....
(place, date)

.....
(signature of the leisure organizer)

V. INFORMATION FROM THE LEISURE MANAGER ABOUT THE PARTICIPANT'S HEALTH STATUS DURING THE LEISURE PERIOD AND ABOUT ANY ILLNESSES EXPERIENCED DURING IT

.....

.....

(place, date)

.....

(signature of the leisure organizer)

VI. INFORMATION AND OBSERVATIONS FROM THE LEISURE COUNSELOR REGARDING THE LEISURE PARTICIPANT

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.....

.....

(place, date)

.....

(signature of the leisure organizer)

Certainly, please provide the options or statements that need to be marked with an "X."