

Beginning Horsemanship Day Camp Registration Form

Event registering for: _____ Date of event: _____

Second event registering for: _____ Date of event: _____

Second week discount ()yes ()no Deposit: _____ Remaining due: _____

Campers Name: _____ Age: ____ [] M [] F

Address: _____

Parents/Guardian name: _____

Parent/ Guardian Phone #'s:

() _____, () _____ Email _____

Who is allowed to transport camper? _____

Health Information: Please list any medical conditions that we need to be aware of, such as, but not limited to, allergies or physical limitations: _____

Please do not send any medications with camper. Medications should be taken before or after camp.

Insurance Information: Subscribers Name: _____

Family's insurance carrier _____ Policy# _____

Emergency contact: _____

Waiver and Release: All information provided on this form is correct to the best of my knowledge. In case of emergency I understand that every effort will be made to contact the Emergency Contact for my child. I give Gwen Stroud Horsemanship and its directors' permission to provide my child with medical treatment.

X Parent/Guardian Signature:

Date

We really would like to know a little bit about you! (optional) You can use the back of the form if you need more space.

- What is your previous experience with horses?

- What are your hopes for this week of camp?