CAMP ENROLLMENT/
EMERGENCY CONTACT FORM
PLEASE PRINT CLEARLY

CAMP DATE: _____

Child's Name: _____ _____ Age: _____ Shirt Size: _____
Last First (Nick Name)

Address: _____ City:_____ Zip: _____

Parent's Name: _____

(Home): (___)_____ (Work): (___)_____ (Cell): (___) _____

Parent's Name _____

(Home): (___)_____ (Work): (___)_____ (Cell): (___) _____

Emergency Contact (other than above):
Name: _____

Relationship to Child: _____

(Home): (___)_____ (Work): (____)_____(Cell): (____)_____

Medical Contact:
Doctor: _____

Phone Number: (_____)_____

Hospital: _____

Phone Number: (_____)_____

Allergies: _____

Misc Notes: _____

Riding Level / Ability: None ___ Beginner __ Intermediate __ Advance __

No riding experience _____ Lessons ___ Walk __ Trot ___ Canter ____ Jump ____

Describe Riding Experience: _____
_____
_____

Parent's Signature: _____ Date: _____

EMAIL ADDRESS FOR CONFIRMATION: _____