



CAMP ENROLLMENT EMERGENCY CONTACT FORM

PLEASE PRINT CLEARLY

CAMP DATE _____

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

Address : _____ City: _____ Zip _____

Parents Name _____

(Home): (____) _____ (Work): (____) _____ (Mobile): (____) _____

Parents Name _____

(Home): (____) _____ (Work): (____) _____ (Mobile): (____) _____

Emergency Contact (other than above):

Name: _____

Relationship to Child: _____

(Home): (____) _____ (Work): (____) _____ (Mobile): (____) _____

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 _____