

Horse Crazy Kids Camp Registration Form

Camper's Name: _____

Date of Birth: _____ Height: _____ Weight: _____

Parent/Guardian's Name:

Mother: _____

Father: _____

Guardian: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Emergency contact:

Name: _____

Relationship to child: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Please describe any previous experience with horses or riding:

Does your child have any allergies of which we should be aware? Please list them here:

Please list any special needs your child may have, so we can make our camp the best experience possible:

Please list any medications and instructions here:

Please list any other important notes about your child here:

Signature of Parent/Guardian: _____ Date: _____