

# Summer Camp Registration

Camp Dates: \_\_\_\_\_

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone(H): \_\_\_\_\_ (W): \_\_\_\_\_ cell: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone(H): \_\_\_\_\_ (W): \_\_\_\_\_ cell: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone(H): \_\_\_\_\_ (W): \_\_\_\_\_ cell: \_\_\_\_\_

Allergies: \_\_\_\_\_

Permission to give the following (Circle all that apply) : Tylenol Motrin Neosporin Sunscreen Bug spray

Restrictions: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Phone \_\_\_\_\_ Member#: \_\_\_\_\_  
Group#: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Riding Experience: (How long ago? English or Western? Lessons? Camp? Trail Rides?)

General description of child's temperament:

Friends in camp:

Goals for camp:

Extended care needed:

Any other info that may be helpful: (use back if necessary):

Email address:

I give permission for my child to participate in Red Fox Creek Farm, LLC summer camp program and seek medical treatment, if necessary.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_