



Therapeutic Riding

## Hearts Therapeutic Riding Horses and Fitness Riding Camp Spring Break

### CAMP REGISTRATION and AUTISM SCHOLARSHIP APPLICATION FORM:

*With a diagnosis of autism, there are no costs associated with camp registration or deposit fees. Please attach proof of autism diagnosis.*

A \$100.00 deposit must be received for each camper and camp to reserve a spot in day camp.

Day camp balances are due one week before the camp date or if registering after that please pay in full. We do not offer REFUNDS.

1. Camper Name \_\_\_\_\_ DOB \_\_\_\_\_ Weight \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Session Dates \_\_\_\_\_

Disability? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, Type of disability \_\_\_\_\_

Ambulatory? YES \_\_\_\_\_ NO \_\_\_\_\_

Rider Height \_\_\_\_\_ Weight \_\_\_\_\_

Riding Level (**circle 1**): Never ridden, Ridden at camps, Taken lessons >1year, Taken lessons <1 year

To ensure your child's safety please supply us below with any info on any medications, medical condition, allergies, asthma, disabilities, etc. Please use the back of this form if you need more space.

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Will camper be staying with mother or father? (**circle 1**) Mother Father other \_\_\_\_\_

Mother \_\_\_\_\_ Hm \_\_\_\_\_ Wk \_\_\_\_\_

Cell \_\_\_\_\_

Mother's email \_\_\_\_\_ other \_\_\_\_\_

Father \_\_\_\_\_ Hm \_\_\_\_\_ Wk \_\_\_\_\_

Cell \_\_\_\_\_

Father's email \_\_\_\_\_ other \_\_\_\_\_

Other Emergency contact info: \_\_\_\_\_

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