## Holly Hill Farm Summer Day Camp ~ Registration Form ~

Child's name:	Age:
Parent's Names:	
Address:	
City:	Postal Code:
Home Telephone:	Daytime:
1. Has your child ever been to Ho	olly Hill Farm for day camp or lessons?
2. If not, how much if any riding experience does the child have?	
3. For which session(s) do you wi	sh to register?
4. Is the child an excellent, good,	weak, or non-swimmer?
5. Are there any allergies, health aware?	or medical conditions of which we should be
6. What is the child's Health Car	rd Number?
several years and operates with t service. Our school horses as wel have proven their reliability over horseback riding is a high-risk sp serious injury or death to the rid carefully planned, participation i your acceptance of these risks an shoes or boots with a small and d	ing a riding school and summer day camp for he highest standards of safety and professional l as all staff members are carefully trained and the years in a variety of situations. However, port and an accident could occur and result in er or horse. Although all precautions are taken and in this sport is completely voluntary and denotes d conditions. Please provide a pair of hard soled lefinite heel for your child to wear during all riding rovide a riding helmet for each child that is ASTM a stirrups on each saddle.
Signature of Parent:	
Date:	