

# Carousel Stables

## Camp Registration Form

Child's Name: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

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

Email: \_\_\_\_\_  I consent to receiving email updates from Carousel Stables

Telephone: \_\_\_\_\_ Child's age: \_\_\_\_\_

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

Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Secondary Contact Phone: \_\_\_\_\_

Parent or Guardian Consent: \_\_\_\_\_

Signature

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