

# Windy Meadows Horse Farm

## Summer Camp Registration

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

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

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

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

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

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

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

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 my child to participate in Windy Meadows Horse Farm Summer Camp program and seek medical treatment, if necessary.

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