



RMER SUMMER HORSE CAMP REGISTRATION FORM - 2014

Date of Camp Desired: _____

Child's Name:	
Age:	
DOB:	
Contact Information:	
<u>Parent/Guardian Name:</u>	
Relationship to Child:	
Phone (Home):	
Phone (Cell):	
Phone (Work):	
Address:	
City:	
State	
Zip Code:	
<u>Parent/Guardian Name:</u>	
Relationship to Child:	
Phone (Home):	
Phone (Cell):	
Phone (Work):	
Address:	
City:	
State	
Zip Code:	
Emergency Number:	

Does your child have prior horse experience? Y/N

What level of rider is your child? Beginner/ Intermediate

Please tell us about your child to help us plan a great camp experience for him/her?

Please list any issues that may prevent your child from participating fully in the program?

Is your child currently on any medication or are there any medical concerns?
If yes, please list.

Thank You!
