HORSE CAMP ENROLLMENT FORM 2025

*Please pack a lunch + water bottle

| Student's Full Name (first, middle, last): |
|---|
| Age: |
| Mailing Address: |
| City, State, Zip: |
| Mother's Name: |
| Cell # : |
| Father's Name: |
| Cell # : |
| Best Email Address: |
| Other Emergency Contact Name: |
| Phone # : |
| Relationship: |
| Does the camper have allergies or other health conditions we need to know about? Yes No |
| If Yes, Explain: |
| Who will be picking up your child from camp? |

If you are comfortable with us featuring your child in our social media posts, please indicate your consent by circling your answer. Rest assured that we will handle these images with the utmost care and respect for your privacy preferences. Should you have any questions or concerns regarding this matter, please feel free to reach out to us directly. Your trust and confidence in our program mean the world to us, and we are committed to maintaining open communication every step of the way. Thank you for your cooperation, and we look forward to creating lasting memories with your campers this summer! **Yes** or **No**