



Horse Camp Enrollment Form (2026)

Please pack a lunch and a water bottle each day.

Camper Information

Student's Full Name (First, Middle, Last): _____

Age: _____

Mailing Address: _____

City, State, ZIP: _____

Parent / Guardian Information

Mother / Guardian Name: _____

Cell Phone: _____

Father / Guardian Name: _____

Cell Phone: _____

Primary Email Address: _____

Emergency Contact (Other Than Parent/Guardian)

Name: _____

Phone Number: _____

Relationship to Camper: _____

Health & Safety Information

Does the camper have allergies, medical conditions, or special needs we should be aware of?

☐ Yes ☐ No

If yes, please explain (include food allergies, medications, or activity restrictions):

Authorized Pick-Up

Who is authorized to pick up your child from camp?

(Photo ID may be required at pick-up.)

Photo & Media Release

Shyanne Smith Stables occasionally photographs or videos camp activities for use on its website and social media platforms.

Please indicate your preference:

- ☐ Yes, I give permission for my child to appear in photos and/or videos used for promotional purposes.
- ☐ No, I do not give permission for my child to appear in promotional photos or videos.

We respect your privacy and will always use images thoughtfully and appropriately.

Acknowledgment

By signing below, I certify that the information provided is accurate and complete. I understand that participation in horse camp involves inherent risks associated with equine activities and agree to comply with all camp rules and safety guidelines.

I acknowledge that a separate Liability Waiver & Release Agreement must be completed and signed prior to participation.

Signatures

Parent / Guardian Name (Printed): _____

Parent / Guardian Signature: _____

Date: _____

Camper Session(s): _____

Office Use Only:

- Liability Waiver on File: ☐ Yes ☐ No
- Payment Received: ☐ Yes ☐ No

Please return the signed form to shyannesmithstables@gmail.com