



CAMP REGISTRATION FORM

Please complete all fields below. All information is kept personal and confidential.

ATTENDING CHILD GENERAL INFORMATION	
First Name:	Address:
Last Name:	
Age:	
DOB:	Tel (Home):
Height:	Tel (Mobile):
Weight:	Email:
Allergies:	

ATTENDING CHILD EMERGENCY INFORMATION	
1 st Emergency Contact	
Name:	Emergency Contacts:
Relation to Child:	Home/Mobile
2 nd Emergency Contact	
Name:	Emergency Contacts:
Relation to Child:	Home/Mobile

ATTENDING CHILD RIDING BACKGROUND & EXPERIENCE
Horse Riding Experience: (English/Western, Walk/Trot/Canter, Jumping, Number of years riding, Last time on a horse, etc.)

Horse Comfort Level:

(nervous around horses, requires slow horse, very comfortable – loves a challenge, etc.)

Learning and/or behaviour challenges or other important information:

(This will help us to make the camp experience the best it can be. All information is personal and confidential and will only be shared with camp staff.)

IMPORTANT INFORMATION:

- Riding is a risk sport. Participation therefore holds potential dangers.
- Horses can be unpredictable and may not always respond as expected.
- All clients must sign a **Risk & Release Liability Form** along with registration.

ACCEPTANCE:

- I declare that the above details are correct and that I will inform the riding school of any changes which may occur.
- I declare that I have read the information above and that I have read and signed the **Fire Fly Stables Risk & Release Liability Form**.

SIGNATURE:

Name of Parent/Guardian: (please print)

Signature of Parent/Guardian:

Date:

PAYMENT INFORMATION:

*payment must be made with registration. **Cash or Cheque accepted**

Camp Session Date:

Date Paid:

Payment Method:

Amount Paid:

