



## Summer Camp 2024 Registration Form

*Please complete this form entirely*

Camper Name                  Birthdate      Age      Sex      Grade      School

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Phone                  E-mail Address

\_\_\_\_\_  
Phone                  E-mail Address

\_\_\_\_\_  
Name of Workplace/Phone Number

\_\_\_\_\_  
Name of Workplace/Phone Number

<b>Health History and Emergency Care Plan</b>  Vaccination - Tetanus Yes ___ No ___  Check any special medical condition that the student may have:  No specific medical condition ___ Asthma ___ Epilepsy/Seizure Disorder ___ Diabetes ___ Other _____	<b>Physician/Medical Facility Information</b>  _____ Name of Physician  _____ Name & Address of Medical Facility  _____ Phone Number
Emotional/Behavior Disorder including ADD or ADHD or other Health concerns or diagnosis - Specify:	
Other condition(s) requiring special care - Specify:	
Food Allergies - Specify food(s):	
Allergies - Signs or symptoms to watch for - Specify:	

### Weeks of Summer Riding Camps 2024

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# Summer Camp 2024 Payment Form

Payment Type      Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

2024 Krussell Stables Summer Camp Credit Card Authorization	
Account Holder (Parent)	_____
Children's Name(s)	_____
Name on Card	_____ Card type: Visa ____ MasterCard ____
Credit Card #	_____ Exp. Date: _____ / _____
	Code# _____
Signature of Parent/Guardian	Date

I understand that a 50% non-refundable/non-transferable deposit per week must accompany this form to ensure my child a place in the camp(s) I have indicated. The final payment is due the first day of the camp. If final payment is not made, I will lose my deposit, and Krussell Stables may accept a child from a waiting list. All fees must be paid in advance and are not refundable for missed days or sessions.