



Summer Camp 2023 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

Health History and Emergency Care Plan Vaccination - Tetanus Yes ___ No ___ Check any special medical condition that the student may have: No specific medical condition ___ Asthma ___ Epilepsy/Seizure Disorder ___ Diabetes ___ Other _____	Physician/Medical Facility Information _____ 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

August 8th thru 11th, 2023

Signature of Parent/Guardian _____ Date _____



Summer Camp 2023 Payment Form

Payment Type Cash _____ Check _____ Credit Card _____

2023 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.