



Horse Discovery 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

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

Weeks of Summer Riding Camp

July TBA _____ Horse Discovery Camp (Ages 6 to 14)

Signature of Parent/Guardian _____ Date _____



\$\$\$ for Horse Discovery Camp
TBA Discovery Horse Camp

Total \$ _____

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# _____

Zip 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. 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.