

GOLDEN GAIT STABLES SUMMER CAMP
Equestrian Program—Registration Form

Camper's Name: _____
Camper's Nickname: _____ Age: _____
Parent or Guardian's Names: _____
Camper's Address: _____
Contact Phone Number (enter below):
 Name: _____ Number: _____
 Name: _____ Number: _____
Do you Text? Yes No Best number to Text You at?

What time will you be dropping camper off in the am?
What time will you be picking camper off in the afternoon?

Email address of parent(s) or guardian (s): _____

EMERGENCY CONTACT:

Name: _____
Phone Number: _____ Relationship: _____
Family Doctor: _____ Doctor Phone Number: _____

Additional Needs:

Please list any allergies and the reaction your child has:

Any Medications or Special Dietary Needs: _____
Any special information our staff should know that will enable your child to have the best experience: _____

**Registration:
Session :**

Balance Paid on or before first day of camp

\$.....

Signature of parent / guardian _____

I (parent/guardian print) _____ have read the Florida Equine Statute and the Golden Gait Riding Stable Release Form and consent to (child name print) _____ attending horse camp at Golden Gait Riding Stables. (Signature) _____.



Equal opportunity business. Golden Gait Riding Stables reserves the right to accept or reject any application or registration and expel any student whose conduct is detrimental to the other students, according to the camp directors' judgment. GGRS reserves the right to cancel a camp due to insufficient enrollment or just cause.