

Date: _____

HEAVENLY HORSES CAMP REGISTRATION

Rider's Name: _____

Birthday: _____

Parent/Guardian Name: _____

Cell Phone: _____

Email: _____

Emergency Contact/relationship to rider : _____

Emergency Contact Number: _____

Rider's Address: _____

City: _____

State/Zip: _____

Camp dates you are registering for: _____

T-shirt size: Kid's/Adult S M L XL

Please describe any special needs that may affect rider's ability to understand or follow directions: _____

List any medications rider may need to take during the camp day: _____

ILLINOIS WARNING

Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

Parent Signature: _____ Date: _____ Student Name: _____

PHOTO AND POSTING PERMISSION

_____ (please initial) I give permission for photos of my student and/or myself to be taken and posted on the Heavenly Horses website, Instagram, or Facebook page for purposes of promoting lessons at Heavenly Horses.
