

Date: \_\_\_\_\_

## HEAVENLY HORSES CAMP REGISTRATION

Rider's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent/Guardian Name and phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_ Student's email: \_\_\_\_\_

Emergency Contact/relationship to rider : \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Rider's Address: \_\_\_\_\_

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

Horse Choice: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

(We cannot guarantee your choice of horse but we will try to accommodate your request.)

Camp dates you are registering for: \_\_\_\_\_

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.

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