GOLDEN GAIT STABLES SUMMER CAMP **Equestrian Program—Registration Form**

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