

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) \_\_\_\_\_.

