

HREC THERAPEUTIC RIDING CAMP FORM

RIDER INFORMATION

Rider's Name:		Rider's Birthdate:	
Parent's Name(s):		Guardian:	
Address:		Place of Emploment:	
City, State, & Zip:		Home Phone:	
Email Address:		Work Phone:	
Previous Riding Experience:			

EMERGENCY CONTACT INFORMATION

Family Doctor:		Doctor's Phone:	
Emergency Contact:		Emergency Contact Phone:	
Any medical conditions, allergies or medications that would impair the safety of the ride _____ Yes _____ No			
If yes, please explain:			

CAMP REGISTRATION*

Please check which camp session you would like to register for:	
<input type="checkbox"/> August 13-17	
All camps are half-day. A signed copy of the Rules and Regulations must be on file with the HREC office prior to attending any camp. *Note: This application must be returned with a non-refundable deposit of \$50.00. The balance of \$150 will be due before the first day of each session.	
Amount of Deposit Paid: \$ _____ Date: _____ Check #: _____ or Cash: _____	
Description of Camp: Therapeutic Camp begins at 9:00am and finishes at 12:00pm. Please send appropriate snacks and beverages for each student. All belongings must be labeled with the student's name. Long pants and closed toe shoes are required. Our instructions will go from Hippo Therapy to Western Pleasure. We will have one-on-one instruction. Each rider will be assisted with side walkers and leaders, if needed. Our goal is to enhance the ability of each rider.	

SIGNATURE

I do hereby certify that all of the information listed above is complete and correct.	
*** Signature:	Date: