

HREC THERAPEUTIC CAMP FORM 2018

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 impait the safety of the rider? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

Camp is half day from 9am-12pm. A signed copy of the Rules and Regulations must be on file with the HREC office prior to attending any camp. Overnight facilities are available upon request. An additional \$150 fee will apply. Those participating in the competition on Saturday after camp are responsible for those fees the day of the event.

*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: Camp will be held July 23-27th. The hours of camp will be 9:00am to 12:00pm. Monday through Friday. Please send appropriate snacks and beverages for each student. We will provide plenty of cold water. All belongings must be labeled with the student's name. Long pants and closed toe shoes are required. Our instruction will range from Hippo therapy to Western pleasure. We will have one-on-one instruction. Each rider will be assisted with sidewalkers and a leader, if needed. Our goal is to enchanche the ability of each rider.

SIGNATURE

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

*** Signature:

Date: