

# HEAVENLY GAITS Summer Camps 2023

camper registration form

Camper Name \_\_\_\_\_

FOR WHICH CAMP ARE YOU REGISTERING? \_\_\_\_\_

Address \_\_\_\_\_

Phone/s \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name/s \_\_\_\_\_

T-Shirt Size/Circle One: **YOUTH** X-Small Small Medium Large X-Large

Previous Riding Experience - **CIRCLE ONE:** None Trail Led English/Hunt Seat Western Pleasure

## EMERGENCY MEDICAL TREATMENT

Allergies/Medications: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Preferred Medical Facility \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Health Ins. Company \_\_\_\_\_

Name of Insured \_\_\_\_\_ Policy and/or Group No. \_\_\_\_\_

In case of emergency, contact:

Name \_\_\_\_\_ Phone/s \_\_\_\_\_

Name \_\_\_\_\_ Phone/s \_\_\_\_\_

Name \_\_\_\_\_ Phone/s \_\_\_\_\_

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