

British Barn's Horse Riding Camp Registration



Tell us about our rider...

Note - These questions are for us to understand the child's level of riding and personal information

Name of rider: _____

Age: _____ Boy Girl

Have you been riding before?: Yes No , English Western

How much experience? Number of years, months, times riding or beginner (please specify): _____

Have you had lessons?: Yes No If so, how long and where?: _____

Can you trot?: Yes No

Can you canter?: Yes No

Can you jump?: Yes No

We will also be swimming during the day.

Can your child swim?: Yes No Is your child an experienced swimmer?: Yes No

If not, please explain concerns and experience: _____

Is there anything special about your child you would like us to know? _____

Family Information

Parent(s) or legal guardian's name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Where can we contact you in case of emergency?: _____

Emergency Number: _____

Rider's Doctor's Name: _____

Phone: _____

Address: _____

Other emergency contact?: _____ Phone: _____

Insurance Information

Name of policy holder: _____

Insurance Company: _____

Member Number: _____ Group Number: _____

If an injury occurs do we have permission to take action nessecary? Yes No Is there a hospital you prefer?: _____

Please return this information for registration. E-mail: acwarden1@aol.com

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