## Summer Camp Registration 2020

Participant's Name:		Birtho	Birthdate:		
Parent/ Guardian Name:					
Address:			Phone:		
		Alt. Phone:			
E-mail:		1	Height: Weight:		
Please indicate for which camp you a	re registering.				
1 <sup>st</sup> Session: June 15 <sup>th</sup> -June 18 <sup>th</sup>			2 <sup>nd</sup> Session: July 27 <sup>th</sup> –July 30 <sup>th</sup>		
	<u>Horseback</u>	k Riding Expe	erience		
Has the participant:					
Groomed and tacked a horse?	Yes	No			
Taken riding lessons?	Yes	No	If yes, for how long?		
Trotted on a horse?	Yes	No			
Cantered on a horse?	Yes	No			
Jumped a horse?	Yes	No	If yes, how high?		
Been on a trail ride?	Yes	No			
Owned or leased a horse?	Yes	No	If yes, for how	v long?	
Currently enrolled at H.E.C.?	Yes	No			
Camps cost is \$300.00 for the week. N by the parent/ guardian. No form will to start date of camp. Riding instruction will be under strict stated LIABILITY can be accepted by High Start There will be no refunds made for a catexhibits any conditions that are harmful HAVE READ THIS ENTIRE REL	be accepted with supervision, and a Standards Stables mper leaving dural to themselves of	although every s or Hinckley ring the session others will b	non-refundable of y effort will be n Equestrian Centern n for which s/he be dismissed with	deposit. Balance due 2 weeks prior nade to avoid any accident, NO er. has registered. A camper who h no refund of fee.	
Parent/ Guardian Signature:				Date:	
	<u>O</u>	FFICE USE			
Form of payment: chk #					
	Balance due	e:			