Summer Camp Registration 2019

Participant's Name:		Birtho	Birthdate:		
Parent/ Guardian Name:					
Address:		Phone:			
		Alt. Phone:			
E-mail:		1	Height: Weight:		
Please indicate for which camp you	are registering.				
1st Session: June 17th-June 20th			2 nd Ses	sion: August 5th –August 8th	
	<u>Horseback</u>	Riding Expe	<u>erience</u>		
Has the participant:					
Groomed and tacked a horse?	Yes	No			
Taken riding lessons?	Yes	No	If yes, for how	v long?	
Trotted on a horse?	Yes	No			
Cantered on a horse?	Yes	No			
Jumped a horse?	Yes	No	If yes, how his	gh?	
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. by the parent/ guardian. No form wito start date of camp. Riding instruction will be under stric LIABILITY can be accepted by High There will be no refunds made for a exhibits any conditions that are harm I HAVE READ THIS ENTIRE RE	ill be accepted with t supervision, and a n Standards Stables camper leaving duri ful to themselves of	out the \$100 although ever or Hinckley ing the session of others will l	non-refundable of y effort will be m Equestrian Cente 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 is no refund of fee.	
Parent/ Guardian Signature:			Date:		
Form of payment: chk	: # Cash	FFICE USE n Am n:	nount of payment	\$	