

Mountain Lane Farm
Western Horse Camp Registration Form

Full Payment and signed release required on or before first day of camp.

Child's Name _____ Age _____

Parent's Names _____

Address: _____

Mom's Phone: Home _____ Work _____ Cell _____

Dad's Phone: Home _____ Work _____ Cell _____

Emergency Contact: _____ Phone # _____

Relationship to child _____

Physician's Name _____ Phone # _____

Hospital Affiliation: _____

Any known Medical problems or Allergies? _____

Is your child on any medication? _____

In the event of accident or injury I give Mountain Lane Farm management and/or staff to seek medical attention for my minor child named above.

Date: _____ Signature: _____

Printed Name: _____

Dates of Camp: _____

Rider's Experience: Beginner: _____ Intermediate: _____ Advanced: _____

Where did you hear about us? _____

\$50.00 non-refundable deposit due w/ Registration Form: Cash or Check # _____

