

# X-treme HorsePower

## DAY CAMP

### REGISTRATION

DAY CAMP 1  DAY CAMP 2  DAY CAMP 3

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ Male \_\_\_ Female Height \_\_\_\_\_ Weight \_\_\_\_\_ Completed Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Who?

Who?

Parent/Guardian Name(s) \_\_\_\_\_

Child resides w/ \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Foster Parents \_\_\_ Relative \_\_\_\_\_

Experience with Horses: \_\_\_ Little to None \_\_\_ Has groomed a horse and ridden at the walk

\_\_\_ Handled a horse at the trot or above

Does Child have any of the following that we should be aware of:

\_\_\_ Learning Delay or Disability \_\_\_ Social Difficulties \_\_\_ Sensory Issues

\_\_\_ Situational issues (Family/home/neighborhood) \_\_\_ A mental/emotional Diagnosis (Anxiety, ADHD, etc)

If Yes, please specify: \_\_\_\_\_

Does Child have Food Allergies? \_\_\_\_\_ Asthma? \_\_\_\_\_

If seeking Reduced Fee or Scholarship, then complete the following:

Household Income, including Child Support, Disability, Social Security, etc. \$ \_\_\_\_\_/year

# of children in home \_\_\_\_\_

As the Parent/Guardian of \_\_\_\_\_, I wish for the aforementioned child to participate in the X-treme HorsePower Day Camp at Heavenward Farm and Horsemanship. I can provide or arrange transportation at the starting and ending times. I understand that my child may be dismissed from camp for health or behavioral reasons, at the sole discretion of the Director, and that No refunds are given within 10 days of the start date. I attest that all information contained herein is true and accurate.

Signature \_\_\_\_\_

Date \_\_\_\_\_