

Iron Horse Farms

Camp Registration form 2008

Camper's Name _____
Address _____ City _____ State _____ Zip _____
Parents Names _____
Address _____ City _____ State _____ Zip _____
Contact Phone Numbers: Home _____ Work _____ Cell _____
Emergency Contact person _____ Phone _____
E-mail address: _____

Doctor's Name _____ Phone _____
Medications _____ Insurance Info _____
Company & policy number _____

Camper's Riding experience (circle all that apply):

- Some lessons
- English
- Western
- Pleasure/T rail rides
- Previous camps

Camp Week Desired: (please circle)

June 2-6, 2007

June 16-20, 2007

July 7-11, 2007

Camper's T-shirt size (please circle)

YS YM YL AS AM AL

Other activities Camper participates in _____

Warning

Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

Parent Signature

Print Name

Please use the back of this form to tell us anything you feel we should know about this Camper that may make their camp experience more enjoyable.

Staff/Office Use Only

Application received ___/___/___ Payment received \$____; balance due \$____

Before/After care requested: Y N Before/After care paid: Y N

Welcome letter sent ___/___/___