



Camp Registration Form

Name of student: _____ Age: _____

Mailing address: _____

Home Phone: _____ Cell or work phone: _____ email: _____

Parents name(s) _____ other emergency phone _____

Emergency contact: _____ Relationship to child _____

Phone _____ Student's physician: _____ Phone: _____

Any physical limitations or allergies: _____

Week(s) student will be attending camp: _____

I give RWS permission to use photos of my child at camp on the website or for advertising:

Parents signature X: _____

I give my permission for the owner of Ridgeway Stables and it's staff to pursue medical treatment for my child in the event that I cannot be reached in an emergency situation.

Parents signature X: _____

Insurance company: _____ policy # _____

I understand that under the NH equine laws, participating in any activity with horses or ponies will be at your own risk. I agree to hold harmless, Ridgeway Stables, it's owners and staff for any accident or injury occurring while on the premises.

Parents signature X _____

**** Please return this form along with a \$100 deposit for each week of camp by June 30th. ****