

Equines for Healing - Camp Registration Form

633 Whiskey Rd, Ridge, NY | Camp Hours: 9:30 AM - 2:30 PM

Camper's Information

Full Name: _____

Age: _____

Date of Birth: _____

Address: _____

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Emergency Contact (if different from above)

Name: _____

Phone Number: _____

Medical Information

Allergies or Medical Conditions:

Medications:

Any concerns staff should be aware of:

Select Camp Week(s):

☐ July 7-10 ☐ July 21-24 ☐ August 11-14

Payment Information

Cost: \$325 per week

Payment can be made via Venmo:

@Equinesforhealing_LLC

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https://www.venmo.com/u/Equinesforhealing_LLCC

Please include camper's name and selected week(s) in the payment note.

Permission & Liability Waiver

I give permission for my child to attend Equines for Healing Camp and participate in all activities. I understand that while all safety precautions will be taken, participation in equine activities carries inherent risks. I release Equines for Healing and staff from any liability.

Signature: _____ Date: _____