



Camp Registration Form

Thank you for choosing Rock Tavern Equestrian Center Summer Camp!
Please complete the registration form below to secure your child's spot.

Child's Information

Child's Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

City/State/Zip: _____

Horseback Riding Experience (Circle one):

Beginner / Intermediate / Advanced

Parent/Guardian Information

Parent's Full Name: _____

Phone Number: _____

Email Address: _____

Health Information

Allergies (Please list all): _____

Medication Instructions (if any): _____

Special Instructions (Please list any medical or behavioral needs):

Emergency Contact Information

(If we are unable to reach you in an emergency, please provide an alternate contact.)

Emergency Contact Name: _____

Phone Number: _____



Payment Policy

By signing below, I acknowledge and agree that I am responsible for payment for all weeks my child is registered for, regardless of whether my child attends or not. A 50% deposit is due at the time of registration, and full payment is required before the first day of camp.

Authorized Pickup Information

I give permission for the following person(s) to pick up my child from
Rock Tavern Equestrian Center:

Name(s) of Authorized Pickup Person(s): _____

Please select the weeks your child will join us

July

7/6-7/10

7/13-7/17

August

8/10-8/14

8/17-8/21

\$500 Per Child Per Week

Parent/Guardian Signature

By signing below, I confirm that all the information provided above is accurate and that I agree to the payment policy outlined.

Parent/Guardian Signature: _____

Date: _____

Thank you for registering with Rock Tavern Equestrian Center!
We look forward to an exciting summer of horseback riding and fun!