

South Winds Farm Horse Camp Registration

Student Name _____ Birth Date _____

Address _____

Select Camp

June 12-16 (Ages 7-12) July 3-7 (Ages 12+)

1st Parent/Guardian _____ Cell Phone _____

Place of Work _____ Work Phone _____

Parent Email _____

2nd Parent/Guardian _____ Cell Phone _____

Place of Work _____ Work Phone _____

Emergency Contact _____ Relationship _____

Cell Phone _____

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Please include experience level and any other information, allergies, dietary restrictions, asthma, etc.

Select T-Shirt Size

Youth Adult Small Medium Large XLarge

Do we have permission to photograph your child? Yes / No

If yes, do we have permission to publish said photographs on our website and Facebook page? Yes / No