

# TEXAS HORSE CENTER CAMP REGISTRATION FORM



<b>Camp Session</b>		<b>Dates:</b>	<b>Payment Info:</b>
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## PARTICIPANT INFORMATION

<b>Child's Name</b>		<b>Height</b>	<b>Weight</b>	<b>Age</b>	<b>Gender</b>
<b>Address</b>					
<b>City-ST-Zip</b>		<b>Birthday</b>		<b>School+grade</b>	
<b>Email</b>		<b>Home Phone</b>			

**Medical Insurance Company/Phone-**

**Policy Number/Group #-**

<b>Mother's Name</b>		<b>Father's Name</b>	
<b>Mother's Cell Phone</b>		<b>Father's Cell Phone</b>	
<b>Mother's Email</b>		<b>Dad's Email</b>	
<b>Emergency Contact:</b>		<b>Emergency Phone:</b>	

## RIDING ABILITY-Check all that apply

Never Ridden	Beginner	Novice	Intermediate	Advanced
What do you consider to be your capabilities on a horse? Check all that apply:				
Riding at a Walk	Trot with Stirrups	Trot without Stirrups	Lope or Canter	Ride in the Open Comfortably
Jumping				

## List All Riding Experience:

## PARTICIPANT HEALTH & SAFETY QUESTIONNAIRE

Do you have any **health issues** that would prevent you from participating safely today?

YES      NO      i.e.-heart problems, seizures, asthma, diabetic etc.

Explain:

Do you have any **physical limitations or disabilities** that would affect participation today?

YES      NO      Or, that we need to be aware of?

Explain:

Do you have any **severe allergies** of which we need to be aware? i.e.-insects/bees, sun, plants, etc.

YES      NO      Explain:

Are you currently taking any **medications**? Explain:

YES      NO

Do you have any history or **mental health issues**? Explain:

YES      NO

I have disclosed all physical and mental health issues. All the information above is accurate and complete.

**PARTICIPANT/GUARDIAN SIGNATURE:**

**DATE:**