

# SHC Horse Camp Registration Form

Full payment and signed release required on or before first day of camp.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name's \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Mom Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

Dad Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Health insurance policy # \_\_\_\_\_

What doctor should we call in the event of an emergency?

1) \_\_\_\_\_ 2) \_\_\_\_\_

Does your child have any medical conditions we should know about? Examples; Food allergies medicine allergies, hay, Asthma or other condition(s) not named.

Please list: \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_

Authorization to call 911 and/or ambulance

X \_\_\_\_\_ Date X \_\_\_\_\_

Session(s) Desired: If your first choice session is full, please list an alternative session.

First Choice Date \_\_\_\_\_

Second Choice Date \_\_\_\_\_

Student's previous riding experience? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

E-mail: \_\_\_\_\_

**RETURN COMPLETED REGISTRATION FORM AND PAYMENT TO:**

**ATTN:** SHC Camp Director, 243 S. Escondido Blvd, PMB 132, Escondido, CA 92025.

**Make checks payable to:** Showcase Horse Center

Any questions please call: 760-751-2441

**REMEMBER, YOUR DEPOSIT IS NON-REFUNDABLE**

**[TIPS FOR SHOWCASE CAMPERS](#)**

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