



2966 Manchester Baptist Church Rd.

Manchester, MD 21102

Phone: (443) 375-0140

CAMP FORM

Dates:

Student Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Parent Work Phone _____ Cell Phone Number _____

Parents' Names _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Doctor _____ Phone _____

Hospital _____

Insurance Company _____ Policy Number _____

Allergies _____

Medical concerns _____

Level of riding experience (please circle)

BEGINNER INTERMEDIATE ADVANCED SHOWING

Number of years riding _____ Date of session _____

Special instructions _____

SAFETY IS A PRIORITY. ALL STUDENTS MUST WEAR BOOTS, LONG PANTS OR JEANS AND AN ASTM APPROVED HELMET. HELMETS MAY ALSO BE PURCHASED.