



Kentucky Horse Park Youth Riding Camp Registration Form 2017

Youth Rider Information

Riders Name: _____ DOB (M/DD/YYYY): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Legal Parent or Guardian name of minor: _____

Emergency Contact Information

Emergency (1) Contact Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Emergency (2) Contact Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Youth Rider Health Information

Health Insurance Company: _____ Policy Number: _____

Doctor Name: _____ Dr. Phone: _____

Special Needs: _____

Allergies: _____

Does the youth rider have any health or medical related issues we should know about?

Please provide a copy of the youth riders Health Insurance Card.

Youth Rider Experience Information

How many years has the youth rider been riding, if any? _____

Please give brief description of the youth rider's experience, if any.

What are the youth riders's riding goal?

How tall is the rider? _____

How much does the rider weigh (no rider over 200lbs will be permitted to ride)? _____

I give permission to the Kentucky Horse Park to take photos of my child during Youth Riding Camp and use for publishing. _____ Accept _____ Deny

Camp Weeks: (Please check next to the week(s) of camp you wish to request registration to)

Spring Break

Summer Break

Fall Break

__ April 3-7

__ June 12-16

__ October 2-6

__ June 19-23

The cost of camp will be \$275.00 for a week. All camps are Monday – Friday, 8:30am – 4:00pm.

*****There will be a \$10.00 a day early drop off fee and a \$10.00 a day late pick up fee*****

Please know spots are limited and the preferred choice is not guaranteed. Note that the Kentucky Horse Park has the right to cancel or combine any sessions due to enrollment requirements. In the event of in-climate weather rain dates will be provided in advanced. Once a student has been accepted in a session of camp refunds will not be granted.

Payment Methods

Check number: _____ Check amount: _____

Cash amount: _____

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ CVC Number: _____

Checks should be made out to The Kentucky Horse Park