

# Registration for Enrollment

## Diamond B Equestrian Center

Camper Name \_\_\_\_\_

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

\_\_\_\_\_

City

State

Zip

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Can Camper Swim? \_\_\_\_\_

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

Parents Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Are there any activities offered by camp that you do not want your child to participate in? Please list fully.

\_\_\_\_\_

Have you previously attended a horseback riding camp? \_\_\_\_\_

Have you ridden before? \_\_\_\_\_ If yes, please describe your level of riding experience.

\_\_\_\_\_

\_\_\_\_\_

How did you find out about Diamond B Equestrian Center?

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**Medical Release Information**

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

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

Does camper have any physical disabilities?

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List any medication camper will be taking.

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List any medications, foods, etc that your child is allergic too.

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**Medical Attention Release**

***I, \_\_\_\_\_ give my permission for  
emergency medical or dental treatment for my child or  
children \_\_\_\_\_  
if need arises while attending Camp at Diamond B Equestrian  
Center. \_\_\_\_\_***