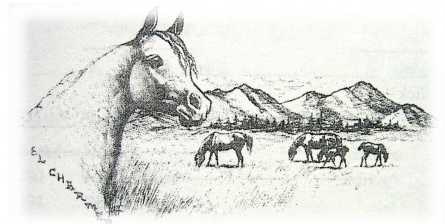


Mountain View Arabians Summer Horse Camp



Mountain View / NBD Arabians
Wellington, CO

Summer Horse Camp Registration Form

Camper's Name _____ Age _____

Allergies _____

Special Needs/Concerns _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (____) ____ - ____ Cell Phone (if different) (____) ____ - ____

Emergency Contact: Name _____ Relation _____

Phone (____) ____ - ____

Parent Email(s)

Persons Authorized for Drop Off and Pick Up

Mountain View Arabians Horse Camp Horseback Riding Questionnaire

Please fill out this questionnaire to help us prepare for your/your child's time at camp. This form is necessary so we can match horse and rider appropriately and therefore give campers a great time at camp. Thank you!

Camper's Name _____ Age _____

Height _____ Weight _____

*please note- our horses have a 150 lb. weight limit

* Riding Experience (check one)

____ Pre-Riding (never been on a horse, afraid of horses and/or may need support to sit balanced in saddle)

____ Beginner (ridden a horse less than 5 times, little to no experience)

____ Intermediate (taken more than 5 horseback riding lessons and performs basic riding skills)

____ Advanced (takes/has taken horseback riding lessons consistently, can walk/trot and perform basic riding skills, confident and comfortable when riding/working with horses)

Please describe any riding experience you/your child have/has or anything we should know about your experience with horses.

****Please note, all horses and ponies are assigned by the Camp Director at her discretion. We take into consideration the age/weight/height/experience of campers to ensure a safe and enjoyable time at camp.**

PHOTO CONSENT AND RELEASE

Please check one:

____ YES! I'll smile for the camera! Feel free to put my picture anywhere on your website, social media, printed materials or other advertising.

____ No thanks! I'm camera shy! Please do not take or post pictures of me anywhere.

Parent Signature: _____