



Horse Crazy Day Camp

Name _____ Birthday ____/____/____ Age at Camp _____

Camper's Address _____

City _____ State _____ Zip _____

Cell Phone _____

Parent Information: **Mother**

Father

Name _____

Address _____

City/State/Zip _____

Phone Home: _____

Day: _____

Cell: _____

Email Address: _____

Emergency Contact: _____

Phone contact _____

Check which session you are registering for:

_____ Intermediate Day Camp August 8-11th 9:00pm to 4:00pm

Total fee per camp is \$150. Payments should be made in Full at the time of registration. Make checks payable to Barry Ridge Equestrian Center. No part of camp fee will be refunded if your cancellation is received less than a week prior to camp.

Release: I have read all pertinent information regarding the registration for the Barry Ridge Horse Camps. I understand that my child will attend at his/her own risk and will not hold Barry Ridge Equestrian Center, Leah Griesbach, Nicole Trapp, or any other employee or horse owner liable in case of an accident or injury or to their possessions. I give my child permission to participate in all camp activities.

Parent's Signature _____ Date _____

Date Rec'd _____	Payment _____	Check _____
------------------	---------------	-------------