

Hope Reins Camp Registration

Full Name: _____

Sex: Male ____ or Female ____

Preferred to be called _____ Date of Birth _____ Age at Camp: _____

Address: _____ City: _____ Zip _____

Parent's Names: (mother) _____

(father) _____

Home#: _____ Email Address: _____

Cell# (mother): _____ Cell# (father): _____

Best# to contact during camp hours:

Emergency Contact (other than parent):

Previous Riding Experience:

Does your child have any allergies, physical or emotional challenges or developmental disabilities? (Y) _____ (N) _____ If yes, please explain:

Check session(s) attending:

All sessions are 8:00AM to 12:00PM

June 18-22 _____

July 9-13 _____

July 23-27 _____

August 6-10 _____

Total Cost per week = \$250

A \$100 nonrefundable deposit is due at time of registration for each child. The balance is due in full on the first day of camp.

I permit Hope Reins of Raleigh to use pictures of my child as a camp participant in promotional literature such as collateral and website, which are published and used by Hope Reins of Raleigh.

I understand that there are inherent risks associated with horseback riding, and I agree to assume them on behalf of my child and have completed and signed the Hope Reins release form.

All children must wear a helmet when riding, handling, and/or being near horses. Hope Reins of Raleigh will provide helmets.

Signature of Parent/Guardian:

Date:
