

(Please complete one application for each child.)

## RMS Ranch HORSE CAMP Registration

### General Information

Camp Session: \_\_\_\_\_ June 4-8 \_\_\_\_\_ June 11-15 \_\_\_\_\_ June 25-28 \_\_\_\_\_ July 2-6 \_\_\_\_\_ July 30-Aug 4

How did you learn about us? \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_

Riding Experience: \_\_\_\_\_

Main Discipline that your child rides: \_\_\_\_\_

What do you hope your child gets out of Horse Camp? \_\_\_\_\_

### Medical Information

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Please list any allergies or medical conditions \_\_\_\_\_

Please list any medication your child takes \_\_\_\_\_

Are there any restrictions or limitations that we should know about \_\_\_\_\_

Does your child need any special assistance \_\_\_\_\_

Does your child have any behavioral or emotional problems that we should know about \_\_\_\_\_

### Emergency Contact Information

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return it to RMS Ranch by email or mail.

**RmsRanch@icloud.com OR RMS Stables 19410 SW 25th Place Dunnellon, Fl 34431**

**Please make checks payable to RMS Ranch, LLC.**

(5-day camp \$225, 4-day camps \$200)