

(Please complete one application for each child.)

RMS Ranch HORSE CAMP Registration

General Information

Camp Session: _____ June 22-26 _____ July 13-17 _____ July 27-31 _____ Aug 3-7

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: _____

E-mail: _____

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 \$250)