



ACADEMY STABLES, INC.

4277 N. 109TH STREET LAFAYETTE, CO 80026
303-665-4637

CAMP REGISTRATION & RELEASE 2024

RIDER'S NAME: _____ DOB: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____

MOTHER'S NAME: _____ PHONE: _____

FATHER'S NAME: _____ PHONE: _____

EMAIL ADDRESS(S): _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE FILL OUT ONE REGISTRATION FORM PER WEEK OF CAMP
PLEASE FILL OUT ONE REGISTRATION FORM PER CHILD.

CIRCLE CHOICE

PREVIOUS TYPE/LEVEL OF RIDING EXPERIENCE

NO PREVIOUS RIDING EXPERIENCE

TRAIL RIDES ONLY

PREVIOUS LESSONS

BEGINNER (WALK)

INTERMEDIATE (TROT, POSTING TROT)

ADVANCED (CANTER, JUMPING, ETC)

CAMP FEES DUE UPON REGISTRATION

HORSE CAMP	\$540
PONY CAMP	\$315

PLEASE MAKE CHECKS PAYABLE TO: ACADEMY STABLES, INC

CAMP REGISTRATION FEE IS NON REFUNDABLE

\$30.00 CHANGE FEE TO CHANGE WEEKS

HORSE CAMP	PONY CAMP
MONDAY - FRIDAY 9:00AM - 2:00PM	WEDNESDAY - FRIDAY 9:00AM - 12:00PM
MAY 27 - MAY 31`	
JUNE 3 - JUNE 7	JUNE 5 - JUNE 7
JUNE 10 - JUNE 14	JUNE 12 - JUNE 14
JUNE 17 - JUNE 21	JUNE 19 - JUNE 21
JUNE 24 - JUNE 28	JUNE 26 - JUNE 28
JULY 8 - JULY 12	JULY 12 - JULY 14
JULY 15 - JULY 19	JULY 17 - JULY 19
JULY 22 - JULY 26	JULY 24 - JULY 26
JULY 29 - AUG 2	JULY 31 - AUG 2
AUG 5 - AUG 9	

Child's Name: _____

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

1. Emergency Contact: _____

2. Emergency Contact: _____

Mr./Mrs./Ms. _____ Phone: _____ Date: _____

Authorized Parent/Guardian's Signature

PERTINENT MEDICAL HISTORY: we ask the following information so in the event we needed to call 9-1-1 and you could not answer for yourself, we could give medically necessary information to the Paramedics in a timely manner.

Please circle the appropriate response below pertaining to you or your child.

- | | | |
|--|---|--|
| Yes No Previous history of concussions | Yes No Inhaler? | Yes No Has been in hospital in the last year |
| Yes No Fainting episodes during exercise | Yes No Trouble breathing during exercise | Yes No Presently injured |
| Yes No Epileptic/Seizures | Yes No Heart Condition | Yes No Has had an illness lasting more than a week in the past year |
| Yes No Wears glasses | Yes No Diabetic | Yes No Any health problem that would interfere with participation in Horse riding? |
| Yes No Are lenses shatterproof? | Yes No Allergies | Yes No Has had injuries requiring medical attention in the past year. |
| Yes No Wears contact lenses | Yes No Bee or wasp Allergies | |
| Yes No Wears dental appliance | Yes No EpiPen | |
| Yes No Hearing problem | Yes No Wears a medic alert bracelet or necklace | |
| Yes No Asthma | Yes No Surgery in the last year | |

If you answered 'Yes' to any of the above items, please explain/ additional information not covered above:

Relevant Medication: (inhaler, epicenter, etc. *please list: name, dose, frequency*):

Allergies: (food, medicine, environmental): _____

Relevant Medical Conditions: _____

Recent Injuries: _____

Last Tetanus Shot: _____

I understand that it is my responsibility to keep the Instructors at Academy Stables advised of any change in the above information as soon as possible.

****In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R Physician).*

I hereby authorize the physician and medical staff to undertake examination, evaluation, diagnostic testing and necessary treatment of my child. I also authorize release of information to appropriate people (instructors, physician...) as deemed necessary.

*****Authorized Parent/Guardian's Signature** _____

