

**NORTH CREST EQUESTRIAN`  
CENTER 202\* `SUMMER CAMP  
REGISTRATION**

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Summer of 202\* Session Dates (Check one):**

\_\_\_\_\_ June , - June 1&

\_\_\_\_\_ June 1) - June %

\_\_\_\_\_ June 2& - June 2\*

\_\_\_\_\_ July % - July 1+

\_\_\_\_\_ July &\$ - July &(

\_\_\_\_\_ July 2+ - July ' %

\_\_\_\_\_ August ' - August +

\_\_\_\_\_ August 1\$ - August 1(

A Release/Waiver form needs to be signed by a parent/guardian on the first day of camp.

If a parent/guardian is unable to attend please check the box below and we will e-mail you a Release/Waiver form to sign and send with your child. Children will not be allowed to participate without a signed Release/Waiver form.

☐ Please e-mail a Release/Waiver form.

☐ I have enclosed a check in the amount of \$350.00 payable to North Crest Equestrian Center to hold my child's spot.

In order to make this camp a positive experience for your child, we would like you to share any information that will help us work with them. If your child has any special needs, we need to discuss accommodating them before camp starts. \_\_\_\_\_

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