

# Kinni Valley Riding Academy, LLC

## Youth Day Camp

1171 30<sup>th</sup> Ave., River Falls, WI 54022  
Telephone: (715) 426-1321 Fax: (715) 426-1485

### Registration Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Riding Level:  Beginner  Beg. Intermediate  Intermediate  Advanced

Brief description of riding experience: \_\_\_\_\_  
\_\_\_\_\_

Preferred Dates: \_\_\_\_\_

Unavailable Dates: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Please place me in a group with: \_\_\_\_\_

Five-day camp fee is \$415, includes Academy souvenir. Please include a non-refundable deposit of \$200 with this registration. **Balance is due by May 1st.**

Please make checks payable to Kinni Valley Riding Academy, LLC.

## Medical Condition

Please provide the following information so we can understand any special needs your child has that may impact his/her health, well-being, and involvement in activities at camp.

**Camper Name:** \_\_\_\_\_

1. **Does your child have any medical/emotional/behavioral conditions that warrant special treatment or precautions during camp (including allergies or asthma)?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **What prescription or over the counter medication(s) does your child take regularly?**

\_\_\_\_\_  
\_\_\_\_\_

3. **In the rare case of an emergency, who should be our first contact?**

\_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Second contact** \_\_\_\_\_

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

4. **Insurance information:**

a. **Provider** \_\_\_\_\_

b. **Group number** \_\_\_\_\_

c. **Insurance number** \_\_\_\_\_