

Kinni Valley Riding Academy, LLC

Youth Day Camp

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

Registration Form

Student's Name: _____ Age: _____

Riding Level: Beginning 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 _____