



Red Skye Foundation Summer Horsemanship Registration

Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Doctor's Name: _____ Phone Number: _____

Doctor's Address: _____

Emergency Contact (available during the day): _____

Phone number: _____ Relationship: _____

Allergies: _____

ATTIRE & BELONGINGS: All children should be prepared with long pants, a boot with a heel, a lunch, and water bottle. Children are welcome to bring sneakers. A bathing suit and towel is suggested for hot days when we play water games. Please label all belongings.

Please check all weeks that your child will be attending: (Mon-Thurs)

June 18- 21

July 23- 26

August 6- 9

June 25- 28

July 30- August 2

August 13- 16

August 20- 23

I would like to drop my child off at 8AM for \$10/day

Emergency Medical Consent

In the event that I/we are unavailable for the purpose of providing parental consent, I/we hereby authorize a qualified emergency medical technician, physician, or hospital emergency room, as selected by the staff of Red Skye Foundation, to provide such hospital care including routine diagnostic procedures and medical treatment to my child. I understand that the consent and authorization herein granted does not include major surgical procedures.

Parent/Guardian Signature

Date

Payment

Included with this form: Full Payment of: _____ Deposit of: _____

Please Circle One: CASH CHECK CREDIT/DEBIT

Card number: _____ Exp. Date: _____ CVV: _____

CONFIRMATION WILL BE EMAILED AFTER RECEIVING ALL NECESSARY PAPERWORK