

ENROLLMENT FORM - FALL, 2010

RIDER'S NAME _____ AGE _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

MOTHER'S NAME _____ FATHER'S NAME _____ E-MAIL _____

HAVE YOU EVER RIDDEN BEFORE? _____ IF YES, WHERE _____

RIDING LEVEL (Please check the level closest to your riding ability).

None/Very Little _____ Learning to Canter _____ Learning to Jump _____

Jump up to 18 inches _____ Jump 18 inches or Better _____

DAY/TIME PREFERRED 1. _____ 2. _____ 3. _____

FAMILY PHYSICIAN _____ PHONE _____

HOSPITALIZATION NAME _____ POLICY NO. _____

ANY ALLERGIES TO FOOD, INSECTS, MEDICATION OR PHYSICAL

DISABILITY? _____ IF YES, EXPLAIN _____

I certify that the rider named on this form is fully capable of participating in the program. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment, including hospitalization, X-rays, routine tests and necessary transportation for my child as named above.

PARENT SIGNATURE _____ DATE _____

MAKE CHECK PAYABLE TO: RED OAK CAMP

**SEND FORM TO: MARTY TONEFF
8510 MENTOR ROAD
KIRTLAND HILLS, OH 44060**

PLEASE INCLUDE WAIVER FORM WHEN REGISTERING