



Sequoia Hills Stables 2025 Summer Riding Camp Application

Rider Name: LAST: _____ FIRST: _____

Parents or Guardians: _____

Address: _____

CITY: _____ STATE: _____ ZIP: _____

E-mail: _____

Phone #: MOBILE: _____

PARENT'S WORK: _____

HOME: _____

Rider Information – Please answer all questions

Age: _____

Gender: _____

Weight: _____

Height: _____

Experience: (please check)

No experience: never been on a horse _____

Beginner: on the lead line, walk or trot _____

Beginner/Intermediate: walk & trot - offlead line _____

Intermediate: walk/trot/canter _____

Advanced: walk/trot/canter/beginning jumping _____

Number of years in regular riding: _____

Session #1 : June 17-20 8 AM – 12 PM Beginner/ Intermediate \$475 _____

A \$100.00 deposit is necessary to register and hold the space for the camp.

Full payment at the time of registration is required.

Please make checks payable to: Sequoia Hills Stables. Mail to: 38067 Millwood Drive - Woodlake, CA 93286.

A liability release must be received by Sequoia Hills Stables prior to the student's participation in the program.

Camp starts at 8 AM and is finished at 12 PM. Please arrive by 7:45 AM.

The early start helps to beat the heat. Snacks are provided mid-morning.

Students need to bring a white t-shirt on Monday for an arts and crafts project.

Please call or text Marily Reese for additional information or for any questions. 559-737-8773



**Sequoia Hills Stables
Rider Medical Information**

Parents or Guardians: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Work Phone: _____ Home Phone: _____

E-mail: _____

Rider's Medical Information:

Ins. Carrier: _____ Policy #: _____ Member #: _____

Medical Doctor: _____ Phone: _____

Allergies? _____

Medications? _____ If yes, please list: _____

Last Tetanus Immunization Date (if known) _____

Additional Medical Information: _____

Emergency Contact #1

Name: _____ Relationship to Rider: _____

Mobile Phone: _____ Work Phone: _____ Home Phone: _____

Emergency Contact #2

Name: _____ Relationship to Rider: _____

Mobile Phone: _____ Work Phone: _____ Home Phone: _____

Medical Release:

If emergency medical care is required for _____ and permission is not available in a timely fashion, then the undersigned authorizes emergency medical care as deemed appropriate by medical personnel, a physician, or medical facility providing treatment. I have read the entire release and agree to it:

Signature: _____ Date: _____

(Parent or Guardian of Rider under 18)