



## Sequoia Hills Stables 2023 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:** \_\_\_\_\_

Number of years in regular riding: \_\_\_\_\_

#### 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 \_\_\_\_\_

**2023 Session : June 12-15    8 AM - 12 PM    Beginner/ Intermediate    \$400 \_\_\_\_\_**

A \$50.00 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.

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)