

## SpringHaven 2021 Beginner Riding Camp Registration Form

Section 1: Child & Guardian Information		
Child's First Name:	Last Name:	
Age:	$\Box$ Male / $\Box$ Female	
Date of Birth:		
Child's Horse Experience: $\square$ N/A $\square$ Pony/Trail Ride $\square$ Lessons $\square$ 4-H $\square$ Family Ownership		
Legal Guardian's First Name:	Last Name:	
Legal Guardian's First Name:	Last Name:	
Day Time Contact Number:	Cell Phone Number:	
Address:		
Street: City:	Sate: Post Code:	
Email address:		
Do you give permission for anyone else to pick-up your child? (If yes, please provide details): □ Yes / □ No		
Do you give permission for SpringHaven Counseling Center to use images of your child for promotional materials/media?		
How did you discover SpringHaven Equine Program was offering a beginner riding camp?		
$\Box$ Website $\Box$ Social Media $\Box$ Flyer $\Box$ Newspaper $\Box$ Word of Mouth $\Box$ Other:		
Legal Guardian Signature:	Date:	

Section 2: Camp Session Selection			
Please select which camp session your child would like to attend:			
□ Session 1: July 26 <sup>th</sup> -28 <sup>th</sup> from 9:00am-12:00pm			
Section 3: Payment			
Due to limited capacity, spots will only be reserved upon payment			
Option 1: Mail check, registration form, consent form, and emergency medical form to SpringHaven			
Counseling Center			
Mailing Address: PO Box 265	Address: 15550 Durstine Road		
Mt. Eaton, OH 44659	Dundee, OH 44624		
Check Payable to: SpringHaven Counseling Center			
Option 2: Credit Card			
Mail registration form, consent form, and emergency medical form to SpringHaven Counseling Center			
Name on Card:	$\square$ Mastercard / $\square$ Visa / $\square$ Discover		
Credit Card Number:	Expiration Date:	CVS:	
Cardholder Signature: Date:			