



16 RICHARDS AVENUE NORWALK, CT
203-451-2521

CHILD INFORMATION FORM FOR RIDING CAMP

CHILD'S NAME: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK: _____ CELL: _____

EMAIL: _____
PLEASE WRITE CLEARLY

EMERGENCY CONTACT & PHONE: _____

RIDING LEVEL: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

DATES ENROLLED: _____
CLEARLY INDICATE WHAT WEEKS AND THE TIME

MEDICAL CONDITIONS: _____

MEDICATIONS: _____ ALLERGIES: _____

PLEASE PROVIDE PROOF OF MEDICAL INSURANCE: _____
PROVIDER NAME & NUMBER

DEPOSIT/PAYMENT AMOUNT: _____

CAN WE USE YOUR
CHILD'S PICTURE FOR
MEDIA FOR THE BARN? _____

MAKE CHECKS OUT TO:
KATHI MEENAN

MAIL TO:
40 OAK HILL AVE
NORWALK CT 06854

*PLEASE NOTE WE USE YOUR EMAIL FOR CONTACT INFO AND NEWSLETTERS
IF YOU HAVE ANY CONCERNS OR SPECIAL NEEDS PLEASE LET US KNOW.