



# Red Skye Farm Summer Horsemanship Registration 2020

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Emergency Contact (available during the day): \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies: \_\_\_\_\_

**ATTIRE & BELONGINGS:** All children should be prepared with long pants, a boot with a heel, a lunch, snack, and water bottle. Children are welcome to bring sneakers. A bathing suit and towel is suggested for hot days when we play water games. Please label all belongings.

**Please check all weeks that your child will be attending: (Mon-Fri)**

June 15- 19

July 20- 24

Aug 3- 7

June 22- 26

July 27- 31

Aug 10- 14

Aug 17- 21

I would like to drop my child off at 8AM for \$10/day on  M  T  W  Th  F

My child would like to stay until 3:30 for \$20/day on  M  T  W  Th  F

### Emergency Medical Consent

In the event that I/we are unavailable for the purpose of providing parental consent, I/we hereby authorize a qualified emergency medical technician, physician, or hospital emergency room, as selected by the staff of Red Skye Farm, to provide such hospital care including routine diagnostic procedures and medical treatment to my child. I understand that the consent and authorization herein granted does not include major surgical procedures.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Payment

Included with this form: Full Payment of: \_\_\_\_\_ Deposit of: \_\_\_\_\_

Please Circle One: CASH CHECK CREDIT/DEBIT

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

**CONFIRMATION WILL BE EMAILED AFTER RECEIVING ALL NECESSARY PAPERWORK**