

# WINDY MEADOWS HORSE FARM

## CAMP REGISTRATION

*WINDY MEADOWS HORSE FARM*  
*12829 LEMASTER DRIVE*  
*NOKESVILLE, VA. 20181*  
*(571) 437-6051*  
*E-MAIL ADDRESS [horsey24@hotmail.com](mailto:horsey24@hotmail.com)*

### Please Select Option:

One Day: \_\_\_\_\_ Three Days: \_\_\_\_\_ Week: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

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

Child's Height: \_\_\_\_\_ Child's Weight: \_\_\_\_\_

Riding experience: (How long ago? English or Western? Lessons? Camp? Trail Rides?) \_\_\_\_\_

General description of child's temperament: \_\_\_\_\_

Friends in camp: \_\_\_\_\_

Goals of camp: \_\_\_\_\_

Extended care needed: \_\_\_\_\_

Any other info that may be helpful: \_\_\_\_\_

\_\_\_\_\_

Permission to give the following (circle all that apply): **Tylenol - Motrin - Neosporin - Sunscreen - Bug Spray**

Restrictions: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Member #: \_\_\_\_\_ Group #: \_\_\_\_\_

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

I give permission to my child to participate in Windy Meadows Horse Farm Camp Program and seek medical help if necessary.

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_