



WACHTER HORSES
admin@wachterhorses.com
www.wachterhorses.com
Cell: 403-875-7461
Cell: 403-588-4888



Right Start Riding Summer Camp Registration



Camper Information

Name: _____

Gender: M / F / undisclosed

Age: _____

Birthdate: ____/____/____
 Y M D

Entering Grade (summer 2022): _____

Shirt Size: _____

Child's Horse-Riding Experience (please ✓ the square that applies):

N/A Pony Ride/Lead-line Trail Rides Lessons

Parent Information

Name: _____

Phone Number: _____ - _____ - _____

Address

Email



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Summer Camps



Camp Session

Session 1

June 18th-19th

9 am – 3 pm

Session 2

July 11th-15th

9 am – 3 pm

Session 3

August 1st-5th

9 am – 3 pm

Session 4

August 22nd-26th

9 am – 3 pm

Do you give permission to anyone else to pick-up your child? (Please give us details).

Emergency Contact

Please list two people.

Name: _____

Phone Number: _____ - _____ - _____

Relation: _____

Name: _____

Phone Number: _____ - _____ - _____

Relation: _____



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Child's Health History

Does your child have any allergies? N/A YES
(If yes, please include your child's medical concerns on the Emergency Contact information sheet)

Is your child taking any medications? N/A YES
(If yes, please give us any details)

Method of Payment

I would like to do... One-time full payment One-time deposit (\$50) + one-time payment

I would like to pay by-- Cheque Cash Credit Card

Credit Card Information: Mastercard VISA Other: _____

Card Holder's Name: _____

Credit Card Number: _____ Exp. Date: ____/____

CVV: _____



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OFFICE USE ONLY

Registration Form
 Wavier
 Media Release

Medical Form (If child has ANY allergy)

Food allergy & anaphylactic EMG. Care plan (if child has ANY allergy)

Summer Camp 1 <input type="checkbox"/>	Full Payment <input type="checkbox"/> Deposit <input type="checkbox"/>	Cheque # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Etransfer <input type="checkbox"/>
Summer Camp 2 <input type="checkbox"/>	Full Payment <input type="checkbox"/> Deposit <input type="checkbox"/>	Cheque # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Etransfer <input type="checkbox"/>
Summer Camp 3 <input type="checkbox"/>	Full Payment <input type="checkbox"/> Deposit <input type="checkbox"/>	Cheque # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Etransfer <input type="checkbox"/>
Summer Camp 4 <input type="checkbox"/>	Full Payment <input type="checkbox"/> Deposit <input type="checkbox"/>	Cheque # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Etransfer <input type="checkbox"/>

Received & Confirmed Date: