

**Wild Wings Equestrian
Summer Camp
2025
Registration Form**

Camp Dates

July 7-11

July 14-18

July 21-25

August 11-15

Camp Week: _____

Camper Information

Name: _____ Date of Birth: _____ Age: _____

Brief Description of campers riding experience:

Parent/Guardian Information

Primary Parent/Guardian Name: _____

Phone: _____ Email: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Secondary Parent/Guardian Name: _____

Phone: _____ Email: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Emergency Contact Information

Name: _____ Phone: _____

Please provide contact information for two people who will assume responsibility for camper if parents cannot be reached.

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Medical Information

Please list any **MEDICAL CONDITIONS** your camper has:

Please list any **ALLERGIES** your camper has:

Please list any **Physical/Emotional** Limitations your camper has:

Please list any **MEDICATIONS** your camper takes:

Do Wild Wings Equestrian Camp employees have permission to administer the following medications to your camper.

| | | |
|-------------------------|-----|----|
| Tylenol: | Yes | No |
| Ibuprofen: | Yes | No |
| Tums: | Yes | No |
| Benadryl: | Yes | No |
| Cough Drops: | Yes | No |
| Sunscreen: | Yes | No |
| Antibacterial Ointment: | Yes | No |

In case of an accident or serious illness, I request Wild Wings Equestrian Camp to contact me or the persons whose names I have provided. Wild Wings Equestrian Camp may make whatever arrangements necessary, which may include emergency medications and/or making provisions for transportation of my camper to the hospital for treatment. Parents are responsible for incurred expenses.

To ensure the health and safety of your camper, pertinent medical and or custody information will be shared with appropriate Wild Wings Equestrian employees.

Signature of Parent/Guardian: _____

Any medications brought to camp must be given to a Wild Wings Equestrian employee to distribute to the child as needed. Please do not allow your child to keep medications on their person or in their personal belongings.

Payment

Camp Dates & Cost

| | | | | |
|----------|----------|------------|------------|--------------|
| Dates: | July 7-8 | July 14-18 | July 21-25 | August 11-15 |
| Cost: | \$560 | \$560 | \$560 | \$560 |
| Deposit: | \$200 | \$300 | \$300 | \$300 |

To officially register for camp Registration and Medical Forms must be completely filled out with signatures and submitted with the appropriate deposit.

Registration can be mailed to:

Julie Tallman
Wild Wings Equestrian
PO Box 1448
Campton, NH 03223

Registration can be emailed to:

WildWingsEquestrian@gmail.com

If emailed registration will not be complete until payment is received via mail, or Venmo.
For Venmo information please email.

Camp Registration Deadline is **June 1, 2025**

Balance of camp payment is due by June 1, 2025

No Refunds after Registration Deadline June 1, 2025