

**Wild Wings Equestrian  
Summer Camp  
2026  
Registration Form**

**Camp Dates**

February 23-27      June 29-July 3      July 6-10      July 13-17      August 10-14

Competition Camps:      July 26-29      August 17-19

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](mailto: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, 2026**

**Balance of camp payment is due by June 1, 2026**

**No Refunds after Registration Deadline June 1, 2026**