



Summer Camp 2025 Registration Form

Please complete this form entirely

Camper Name Birthdate Age Sex Grade School

Mother/Guardian

Father/Guardian

Address

Address

City/State/Zip

City/State/Zip

Phone

E-mail Address

Phone

E-mail Address

Name of Workplace/Phone Number

Name of Workplace/Phone Number

Health History and Emergency Care Plan

Vaccination - Tetanus

Yes ____ No ____

Check any special medical condition that
the student may have:

No specific medical condition ____ Asthma ____

Epilepsy/Seizure Disorder ____ Diabetes ____

Other _____

Physician/Medical Facility Information

Name of Physician

Name & Address of Medical Facility

Phone Number

Emotional/Behavior Disorder including ADD or ADHD or other Health concerns or diagnosis - Specify:

Other condition(s) requiring special care - Specify:

Food Allergies - Specify food(s):

Allergies - Signs or symptoms to watch for - Specify:

Weeks of Summer Riding Camps

2025

Signature of Parent/Guardian _____ Date _____



Summer Camp 2025 Payment Form

Payment Type Cash _____ Check _____ Credit Card _____

2025 Krussell Stables Summer Camp Credit Card Authorization

Account Holder (Parent) _____

Children's Name(s) _____

Name on Card _____ Card type: Visa _____ MasterCard _____

Credit Card # _____ Exp. Date: _____ / _____

Code# _____

Signature of Parent/Guardian _____

Date _____

I understand that a 50% non-refundable/non-transferable deposit per week must accompany this form to ensure my child a place in the camp(s) I have indicated. The final payment is due the first day of the camp. If final payment is not made, I will lose my deposit, and Krussell Stables may accept a child from a waiting list. All fees must be paid in advance and are not refundable for missed days or sessions.