

# Riding Camp Registration

## Canalside Stables Riding Camp 2025

2900 West Walworth Rd. Macedon, NY 14502

(585)704-6983

Name of rider: \_\_\_\_\_

Age: \_\_\_\_\_

Riding Ability: (Check one, list stables you ride at if not Canalside)

Never

Beginner – No jumping

Intermediate

Regular Lessons

Name of Barn: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone:(H)\_\_\_\_-\_\_\_\_-\_\_\_\_ (C)\_\_\_\_-\_\_\_\_-\_\_\_\_ (W)\_\_\_\_-\_\_\_\_-\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Food Allergies or medication, any restrictions:

\_\_\_\_\_  
\_\_\_\_\_

Dates attending: \_\_\_\_\_

All parents/guardians must sign a release form on or before the first day of camp, before the rider may participate. Please provide a photo copy of health insurance card. Attach to this form.