

Riding Camp Registration

Canalside Equestrian Riding Camp 2026

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.