

Kinni Valley Riding Academy, LLC

Youth Day Camp

1171 30th Ave., River Falls, WI 54022

Telephone: (715) 426-1321

Registration Form

Student's Name: _____ Age: _____

Riding Level: Beginning Intermediate Advanced

Brief description of riding experience: _____

Preferred Dates: _____

(*please list in order of preference)

Unavailable Dates: _____

Parent/Guardian Name: _____

Address: _____

Email Address: _____

Phone Number: (____) _____

T-shirt size: _____

Please place me in a group with: _____

Five-day camp fee is \$415, includes Academy souvenir photo. Please include a Non-refundable deposit of \$200 with this registration. **Balance is due by May 15.**

Please make checks payable to Kinni Valley Riding Academy, LLC.

Medical Condition

Please provide the following information so we can understand any special needs your child has that may impact his/her health, well-being, and involvement in activities at camp.

Camper Name: _____

1. Please describe medical conditions your child has that we should be aware of:

2. What prescription medication(s) does your child regularly take?

3. Does your child have any allergies that may require special attention at camp?

No

Yes: Please describe
