



# Eagle Mountain Ranch

*Summer Day Camp - Trail Clinic - Back to Basics Clinic*

## **Registration Form**

Camp/Clinic registering for: \_\_\_\_\_

Date of camp/clinic: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Horse's Name: \_\_\_\_\_  
*(if using your own horse)*

Emergency Contact & Phone: \_\_\_\_\_

List prior horse experience: \_\_\_\_\_

\_\_\_\_\_

List any allergies, medications or any medical restrictions: \_\_\_\_\_

\_\_\_\_\_

Primary Physician and Phone: \_\_\_\_\_

*(Please fill out if rider is under the age of 18)*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

***Please send Registration form, Release form and a check or money order to:***

***Kim McLaughlin  
733 Lakewood Road  
Arlington, WA 98223***

*Please remember to bring plenty of water and a sack lunch if needed and dress accordingly to the weather.*

**If any questions please call Kim McLaughlin 360-654-9994 or Dian Morris at 360-652-7616**