

# Monterey Bay Horsemanship & Therapeutic Center

Mail to: MBHTC  
P.O. Box 742  
Soquel, CA 95073

## Residential Horsemanship Camp Registration

Camp Date Requested \_\_\_\_\_ Alternative Date \_\_\_\_\_

Name of camper \_\_\_\_\_ DOB \_\_\_\_\_

Please circle: Mens or Womens

Camper Polo Shirt Size (please circle): Child: XS S M L XL or Adult: XS S M L XL

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

State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Allergy/Medical Condition (Y/N) If yes, please explain: \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_ E-mail \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group \_\_\_\_\_

The rider agrees to wear a helmet at all times while on horseback and to respect and adhere to the rules of MBHTC and Monterey Bay Academy. The rider also agrees to listen to all instruction given by instructors and volunteers to help maintain the highest safety standards.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Name of Parent/Guardian \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ cell/pager \_\_\_\_\_

Work \_\_\_\_\_ other \_\_\_\_\_

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

\_\_\_\_\_  
Date

**Photo Release (optional)** I hereby consent to and authorize the use and reproduction by MBHTC of any and all photographs and other audiovisual materials taken of me/my son/daughter/my ward for promotional printed materials, educational activities or for any other use for the benefit of the program.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date