



Student Information Sheet

Summer Camp 2017

Seven Pines Stables – 1297 Eldon Rd, Oakwood, ON K0M 2M0

Campers Name: _____ Date of Birth: _____

Address: _____ City: _____ PC _____

Who does the child live with? ___ mom Name: _____
 ___ dad Name: _____
 ___ other Name: _____

Primary Parent Contact: _____ Home Phone: _____

Work Phone: _____ Cell: _____ may we text you? ___Y ___N

Email: _____

Best way to contact you during camp hrs: ___ Home Phone ___ Work Phone ___ Cell Phone ___ Email ___ Text

Additional Contact Person Name: _____ Phone: _____

Camper's Health Card #: _____

Any allergies, medications, health or social concerns? _____

Camper's Riding Experience: ___ Beginner (little to no riding) ___ Novice (walk/posting trot)
 ___ Intermediate (w.t.c starting to jump) ___ Advanced (w.t.c working on a course)

Other Notes that we need to know about the above Camper: _____
