

# Monterey Bay Horsemanship & Therapeutic Center

(831) 761-1142 E-mail: [camp@mbhorsecenter.com](mailto:camp@mbhorsecenter.com)

Mail to: MBHTC

## Horsemanship Camp Registration

475 Eucalyptus Way  
La Selva Beach, CA 95076

Name of Camper \_\_\_\_\_ DOB \_\_\_\_\_

Please circle: Day Camp or Residential Camp    Camp Date Requested \_\_\_\_\_    Alternate Date \_\_\_\_\_

Camper T-Shirt Size (please circle): Child: XS S M L XL    or    Adult: Mens or Womans: XS S M L XL

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

State, Zip \_\_\_\_\_ Main Phone \_\_\_\_\_

Special Needs\*: (check those that apply):    \_\_\_ Medications:    \_\_\_ Daily    \_\_\_ Emergency only

\_\_\_ Allergies    \_\_\_ Asthma/Breathing    \_\_\_ Diet    \_\_\_ Requires 1:1    \_\_\_ Physical Disability    \_\_\_ Social Difficulties

\_\_\_ Autism    \_\_\_ Developmental Delay    \_\_\_ Fine/Gross Motor Difficulties    \_\_\_ Cognitive Disability    \_\_\_ Behavioral Challenges

Please explain

(PTO or attach additional information if need more space.)

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 (not affiliated). The rider also agrees to listen to all instruction given by instructors, staff 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