



Getner Barn Riding Camp

Parents Name _____

Child's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work _____ Cell Phone _____

Emergency Contact _____ Number _____

Email: _____ (write clearly)

Riding Level _____ Age _____ Height _____ Weight _____

Dates Enrolled _____

Medical Conditions _____

Medications _____ Allergies _____

PLEASE PROVIDE Proof Medical Insurance _____
(provider name and number)

Can we use child's picture in Media for the barn: yes no

Please note we use your email for contact info and newsletters
If you have any concerns or special needs please let us know.

Please make checks out to Kathleen Meenan

* 40 Oak Hill Ave * Norwalk CT 06854