



Juckas Riding Stables Camp Registration

845-361-1429

Juckasridingstables@gmail.com

Camper's Full Name: _____ Age: _____

Parent/Guardian's Full Name: _____

Cell #: _____ ALT #: _____

Does your child/camper have any allergies, medical/behavioral issues or food restrictions we should be aware of? _____

Primary Dr: _____ Dr phone #: _____

Insurance Carrier: _____

Emergency Contact: _____ Phone #: _____

Relation to camper: _____

Does your child/camper have any riding experience?: _____

Photo/video Release

I hereby give permission for images of my child/camper, captured at Juckas Riding Stables through video, photo and digital camper to be used solely for the purposes of Juckas Riding Stables promotional material and publications on social medias (no names or ages will be used) and waive any rights of compensation or ownership thereto.

Name of camper: _____ Age: _____

Name of Parent/Gaurdian: _____ Date: _____

Signature: _____

