

# KAMP A-KOM-PLISH REGISTRATION FORM

## Summer 2010 Equestrian Programs

Melwood Recreation Center  
9035 Ironsides Road, Nanjemoy, Maryland 20662  
Phone 301-870-3226 • Fax 301-870-2620

### I. RIDER INFORMATION

Name \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Mailing Address \_\_\_\_\_ County \_\_\_\_\_  
(city, state, zip code)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex  Male  Female Date of Birth \_\_\_\_\_

School Name (if Applicable) \_\_\_\_\_ Grade (In Fall) \_\_\_\_\_

Has the rider had previous riding lessons?  Yes  No If yes, name of facility \_\_\_\_\_

Approximate Level?  Walk  Trot  Canter Length of instruction \_\_\_\_\_

Best Method of Contact for Same-Day Cancellations: Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Does Rider require any additional supports or have any special needs?  Yes  No

If yes, please list \_\_\_\_\_

***If a rider needs additional supports or has any special needs; a Skills Analysis will be sent out prior to confirming registration.***

### II. LEGAL GUARDIAN INFORMATION

Legal Guardian \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

Night Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### III. Emergency Contact –Must be completed by ALL RIDERS

***Please note: You MUST provide two emergency contacts***

***If Rider is under 18, these Contacts must be available to pick up your child in case of an emergency.***

**1.** Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Night Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**2.** Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Night Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### IV. PROGRAM INFORMATION/REGISTRATION

To help us keep our cost down by spending our advertising dollars wisely, please check how you heard about Kamp A-Kom-Plish:

- |   |   |
|---|---|
| <input type="checkbox"/> Returning Camper | <input type="checkbox"/> Returning Equestrian Participant |
| <input type="checkbox"/> Friend           | <input type="checkbox"/> Internet                         |
| <input type="checkbox"/> Daily Record     | <input type="checkbox"/> Other: _____                     |

