

# HEART BAR RANCH

Gail Riederer, P.O. Box 20712,  
Whitehorse, YT Y1A 7A2  
Phone: (867) 393-1955  
E-mail: info@heartbar-ranch.com

## HORSE LOVERS CAMP

For girls ages 8 to 14

### APPLICATION FOR ENROLLMENT

Date(s) of camp(s): \_\_\_\_\_

Campers' Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Ridden before? Yes / No      How many hours? 0-5 \_\_\_ 5-15 \_\_\_ 15 or more \_\_\_

Riding level? \_\_\_ Beginner (little or no riding experience or lacks confidence with horses)  
\_\_\_ Novice (can ride a gentle horse at a walk, perhaps trot a little)  
\_\_\_ Intermediate (can walk, trot and canter but needs to improve riding skills)  
\_\_\_ Advanced (extensive previous experience, good form and control)

Emotional/Attitude (brief note): \_\_\_\_\_

\_\_\_\_\_

Physical abilities (brief note): \_\_\_\_\_

\_\_\_\_\_

#### ***Parent or Legal Guardian:***

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

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## **Health History of Camper:**

Health Care Insurance Plan Number: \_\_\_\_\_

(US Residents) Insurance Co. and Plan Number: \_\_\_\_\_

Any preexisting medical conditions? Yes / No If yes, please explain: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

## **Permission to obtain medical attention:**

I/We, \_\_\_\_\_ (please print name) hereby give Gail Riederer  
permission to obtain medical attention for \_\_\_\_\_ (please print name)  
in the event of illness or injury while participating in activities at Heart Bar Ranch.

\_\_\_\_\_  
(Signature of parent(s) or legal guardian)

\_\_\_\_\_  
(Signature of witness)

\_\_\_\_\_  
(Print name of witness)