



To register your child just print and fill out this registration form and mail it with your deposit for Camp (\$100 non-refundable) to:

Erickson Acres, llc
N8010 County Rd BB
Spring Valley, WI 54767

Feel free to contact Sarah with any questions or concerns!
Email: info@ericksonacres.com
Phone: 715-220-5660

Camp Registration Form

Session Date: _____ 2nd Choice: _____

Child's Name: _____ D.O.B. _____

Parent's Name:

Father/Guardian _____

Mother/Guardian _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers (including area code):

Home: (____) _____ Work: (____) _____ Cell: (____) _____

In the rare case of an emergency, who should be our first contact?

First Contact _____

Phone _____ Cell _____

Second contact _____

Phone _____ Cell: _____

Child's level of riding experience: ___ Beginner ___ Beginner-Intermediate ___ Intermediate ___ Advanced

*Beginner – No or Little horse experience, Beg. Intermediate – Some lessons or horse experience,
Intermediate – independently control horse walk/trot, Advanced – Independently control horses walk/trot/canter.

Is your child allergic to anything? _____

If so, what? _____

Any special needs? _____

Is child on any medication? Yes No

If yes, please give name, dosage and directions for medications: _____

Please give any other information you think would be important for us to know about your child so we can ensure they have a comfortable stay and a good experience.

We, the parent(s) / guardian(s) will not hold Sarah Erickson, Erickson Acres, llc, or Horse Camp Staff responsible for any accident that may happen while our child is at Camp. If an accident does occur, we give Sarah Erickson and/or Erickson Acres staff our approval/permission to take our child to the hospital to receive medical attention until we arrive. **THE PARENT OR GUARDIAN IS RESPONSIBLE FOR HEALTH AND ACCIDENT INSURANCE.** Please send a copy of both sides of your insurance card. If your child is sent home due to an illness and misses 3 or more days of camp, they may enroll in another session at no additional charge, providing there is an opening. There will be no refunds if your child is sent home due to misconduct.

Parent/Guardian Signature_____ Date:_____