WRANGLER PROGRAM AT CAMP TAHQUITZ SUMMER CAMP

Rider Information Form

*NOTE: This for is for all riders – scouts and leaders – and must be submitted to* [*wrangler@camptahquitz.org*](mailto:wrangler@camptahquitz.org)*. All reservations are classified as “pending” until this form is received. PLEASE PRINT CLEARLY*

RIDER INFORMATION:

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| Name of rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age at camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Troop #\_\_\_\_\_\_ Summer Camp Week: \_\_\_\_ Sex: M\_\_\_\_ F \_\_\_\_\_ Session desired: AM\_\_\_\_ PM\_\_\_\_ |

CONTACT INFORMATION

*(In case we have questions for you before camp. If rider is a minor, please put parent/guardian information)*

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| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of phone (Cell/home/work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_  *For cell phones: I am willing to receive text messages on this phone and accept any data charges that my provider might charge: YES \_\_\_\_ NO \_\_\_\_\_\_\_*  Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_ |

HORSE ASSIGNMENT

*(Please answer completely and accurately; this information is needed so to make initial horse assignment)*

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| Rider Height: \_\_\_\_\_\_\_\_\_\_\_\_\_ Rider Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hat (helmet) Size: \_\_\_\_\_\_\_\_\_\_\_\_\_  *Ability of riders over 250 pounds to participate is dependent on the number of available horses that can carry riders of that size. For questions or additional information about the weight restrictions please be sure to email* [*wrangler@camptahquitz.org*](mailto:wrangler@camptahquitz.org)*.* |

BACKGROUND:

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| Briefly describe the rider’s goals/expectations for the program:  Briefly describe the rider’s horseback experience, if any  Never been on a horse: \_\_\_ A few trail rides \_\_\_ Some experience: \_\_\_ Experienced rider: \_\_\_\_\_  Any additional information regarding a rider’s experience, and/or any limitations:  : |

ALL PARTICIPANTS MUST SUBMITTED A FULL, COMPLETED BSA MEDICAL FORM UPON ARRIVAL AT CAMP.

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*For camp use only:*