

**KUBICKI EQUESTRIAN CENTER**2675 Carriagegate Lane
Maineville, Ohio 45039

513-910-0164

Emergency Contact Information

In the event I cannot be reached in any emergency, I hereby give permission to the camp instructor to give permission to the selected physician to hospitalize, secure proper treatment of, and to order injection, anesthesia, or surgery for my child as named.

Child's Name:	
Child's Age:	
Parent's Name (Printed):	
Street Address:	
City, State, and Zip:	
Telephone Number:	
Emergency Number(s):	
Camp Date:	
Parent or Guardian's Signature:	

Please list any health concerns KEC should be aware of: _____

Previous Riding Experience

If your camper has ridden at KEC before, please list the horses that your camper has ridden:	
Does camper have any riding experience, if so please explain:	
If your child takes lessons at KEC, please name your child's instructor:	