



Take the Reins Youth Stable for Life
Summer Camp 2025
Registration Form

Note: Please complete all information for applicant consideration

Youth name (First Middle Initial Last) Gender (M/F) Date of Birth (MM/DD/YYYY)

Race / Ethnicity School (for the 2025/26 school year) Grade (for 2025/26)

Parent / Guardian's Name Relationship to youth

Home Address: _____

Phone number: _____ Email address: _____

Second emergency contact person name Relationship to youth Phone number

Health Information

Medical concerns (ex: asthma inhaler, allergies and EpiPan use, etc.): _____

Youth allergies (peanuts, bee stings, etc.): _____

Medications taken: _____

Any special needs of youth: _____

Permission to administer first aid: ☐ Yes ☐ No Parent / Guardian initials: _____

Youth riding experience: ☐ None ☐ Less than 10 hours ☐ 10-20 hours ☐ more than 20 hr.

Choose preferred camp week. (note: you may pick two weeks. Place a "1" next to first choice, "2" next to second choice: ☐ June 2-5 ☐ June 9-12 ☐ June 16-19 ☐ June 23-26

Please return this form to Take the Reins promptly by email to: jweaver@take-the-reins.org or by mailing to: Take the Reins, 11441 Grace Terrace, Indianapolis, IN 46236

Confirmation to attend camp and a waiver and consent form will be mailed to you. Thank you.