



Day Camp Registration Form

NAME: _____

History of experience with horses: _____

Session requested: _____

Birth Date: _____ **Age:** _____ **Gender:** _____

Parent/Guardian's Name: _____

Complete Home Address: _____

Emergency Contact Information:

1st person: _____

2nd person: _____

Health Information:

(If your child is on ANY medication, please notify Melanie Dortschy personally so that we can take this into account and be sure your child receives it.)

Allergies:

Insect bites/stings _____

Poison Ivy _____

Other _____

Please give details _____

Immunizations:

(Please record date of most recent doses.)

DTP _____ **Tetanus** _____ **Measles** _____

Dietary Modifications: _____

First Aid Treatment: I hereby give permission to authorize Camp personnel to provide first aid for my child while attending day camp.

Emergency Authorization: In event I can not be reached in an emergency, I hereby give permission to the physician selected by the general manager or owner to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the above named person.

Signature of Parent/Guardian _____ **Date Signed** _____