



**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:**

**1<sup>st</sup> person:** \_\_\_\_\_

**2<sup>nd</sup> 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** \_\_\_\_\_