

2011 Ranch Camp Registration Form

CAMPER INFORMATION: New Camper Returning Camper July 11-15 Aug 8-12 Invitational

Last Name: _____ First Name: _____ Middle Name: _____

Birthdate: (mm/dd/yyyy) _____ Camper's Age on July 1st, 2011: _____ Male Female

PRIMARY HOUSEHOLD INFORMATION:

Camper lives with: Both Parents Mother Father Grandparents Guardian(s) Other: _____

Parent / Guardian: Mr. Mrs. Ms. Miss Dr.

Parent / Guardian: Mr. Mrs. Ms. Miss Dr.

First and Last Name: _____

First and Last Name: _____

Relationship: _____

Relationship: _____

Email: _____

Email: _____

Home Phone: _____

Home Phone: _____

Cell: _____

Cell: _____

Work Phone: _____

Work Phone: _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Please indicate the **primary email** to which you would like to receive your receipt and further correspondence:

(print clearly): _____

HEALTH INFORMATION:

Camper's Health Card #: _____ Version Code: _____

Dietary Info: Vegetarian Vegan Lactose Intolerant Gluten Free Other: _____

Allergies: Please be SPECIFIC! _____

Allergy management / treatment / medication: _____

**If your child has *a life-threatening allergy* you MUST fill out an ANAPHALAXIS EMERGENCY PLAN FORM from the link provided on the Ranch Camp page.

Other Health concerns: _____

Signature of Parent/Guardian: _____ Date: _____

Please note that you must sign a liability release waiver on the first morning of camp in order for your child to participate in riding activities!