

Horsinalities™ 101 Summer Camp

Registration

Child

First _____ Middle _____ Last _____

Gender: Male __ Female __

School Name _____ Grade _____ Birth date ____ / ____ / ____ Age (as of March 26, 2018) _____

Home Address _____ Town/City _____ State ____ Zip code _____

Child's Home Phone _____ T-Shirt Size = Child: XS __ S __ M __ L __ XL __ Adult: S __ M __ L __ XL __ 2XL __

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ____ Zip code _____ Home Phone _____ Daytime phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Child lives with: _____

Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Ph _____ Work Ph _____

Cell Ph _____ Email _____ Relationship to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Ph _____ Work Ph _____

Cell Ph _____ Email _____ Relationship to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

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Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Coachella Valley Horse Rescue will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Mail registration with payment to:
CV Horse Rescue
PO Box 809
Indio, CA 92202

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Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the Coachella Valley Horse Rescue. I understand the photos will be used to keep a journal of activities, to share during presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of The Coachella Valley Horse Rescue and its affiliates.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official Coachella Valley Horse Rescue activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

The Coachella Valley Horse Rescue and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes.

In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

TUITION INFORMATION - \$300.00

How did you hear about us?

- CVHR Lesson Program
- Website
- School
- Word of Mouth
- Flyer
- Facebook
- Email
- Other _____

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