Heavenly Gaits SUMMER CAMPS 2019

CAMPER Registration

1490 Ninevah Road, Knox, PA 16232 814-221-1690

All camps are Monday-Thursday from 9:00 AM to 12:00 Noon. The cost for each camp is $100.00.

Camper Name_____

Address_____

Phone/s_____ Age: _____ DOB:_____

Parent/Guardian Name/s_____

T-Shirt Size/Circle One: **Youth** Large Small Medium Large X-Large

Previous Experience/Circle One: None Trail Led English/Hunt Seat Western Pleasure

FOR WHICH CAMP ARE YOU REGISTERNIG? _____

EMERGENCY MEDICAL TREATMENT

Allergies/Medications: _____

Physician's Name _____Preferred Medical Facility _____

Health Insurance Co. & Policy No. _____

Date of Last Tetanus Shot _____

In case of emergency, contact:

Name _____ Phone/s _____

Name _____ Phone/s _____

Name _____ Phone/s _____

over

In the event of an emergency and medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Heavenly Gaits Therapeutic Riding Center, Inc., I authorize Heavenly Gaits Therapeutic Riding Center, Inc. and those in positions of authority during the camps to secure and retain medical treatment and transportation if needed and release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Sign below ONE of the following plans:

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

_____ Date _____

Signature (parent/guardian signature if under 18)

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

_____

_____

_____Date_____

Signature (parent/guardian signature if under 18)

PHOTO RELEASE

Please check one box

I DO ☐ DO NOT ☐ consent to and authorize the use and reproduction by Heavenly Gaits Therapeutic Riding Center, Inc. of any and all photographs and any other audio/visual materials taken of me, my child or my ward for promotional materials, educational activities, exhibitions or for any other use for the benefit of the center.

_____ Date _____

Signature (parent/guardian signature if under 18)

PLEASE DO NOT WRITE BELOW THIS LINE.

$100.00 Received_____ Cash_____ or Check No._____ Scholarship?

Yes No