

# Heavenly Gaits SUMMER 2020 CAMPS



## CAMPER Registration Form

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

Camper Name \_\_\_\_\_

FOR WHICH CAMP ARE YOU REGISTERING? \_\_\_\_\_

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

### 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 \_\_\_\_\_

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, social media 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?