# HEAVENLY GAITS Summer Camps 2023

### camper registration form

Camper Name		
FOR WHICH CAMP ARE YOU REGISTERIN	IG?	
Address		
Phone/s	Age: DOB:	
Parent/Guardian Name/s		
T-Shirt Size/Circle One: YOUTH X-Sma	all <u>Small Medium Large X-Large</u>	
Previous Riding Experience - CIRCLE ONE: 1	None Trail Led English/Hunt Seat Western Pleasure	
EMERGENCY MEDICAL TREATMENT		
Allergies/Medications:		
Physician's Name	Preferred Medical Facility	
Date of Last Tetanus Shot	_ Health Ins. Company	
Name of InsuredPolicy and/or Group No		
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 at or while on the property used by Heavenly Gaits, I authorize Heavenly Gaits TRC, 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.

#### Please Sign <u>ONE</u> of the following consent plans:

#### CONSENT PLAN

I **give** my consent for emergency medical aid/treatment for myself or my camper as referenced above in the event of injury or illness while on the property being used by Heavenly Gaits TRC, Inc. This authorization includes any x-ray, surgery, hospitalization, medication or any treatment deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) named as parent/guardian is unable to be reached.

Signature (parent/guardian signature if camper is under 18)

## NON-CONSENT PLAN

I <u>do not</u> give my consent for emergency medical treatment/aid of any kind in the case of illness or injury during the process of receiving services or while being on the property used by Heavenly Gaits TRC, Inc. In the event of emergency treatment/aid is required, I wish the following procedures to take place:

	Date	
Signature (parent/guardian signature if camper is under 18)		

#### PHOTO RELEASE

Please check one box

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

Date

Date

Signature (parent/guardian signature if camper is under 18)

PLEASE DO NOT WRITE BELOW THIS LINE.

5100.00 Received Cash or Check No
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Date Registration received	
Initial	

REV.04/2022