

SILVER SPUR RIDING CLUB SUMMER CAMP APPLICATION

Childs Name: _____ AGE: _____

Parent Name: _____ Phone _____

Please circle the sessions you wish your child to attend:

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6

Week 7 Week 8 Week 9 Week 10 11 NO CAMP

Week 12 Week 13 Week 14 Week 15

Please state any health problems, food allergies, physical, limitations, etc.

Do you give your consent for medical treatment in case of emergency? YES NO

*If medication is required, a signed consent form is mandatory.

Insurance Company: _____ Phone: _____

Parent or Guardian Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

Emergency Contact: _____

Relationship: _____

I have read the rules and signed the liability contract:

Signature

Date

Print Name