



WHOA-TWHBEA

2009 SUMMER RIDING CAMP REGISTRATION FORM



JUNE 10-13, 2009- AGES 11 & UNDER
JUNE 14-19, 2009- AGES 12 - 17



YOUTH SUMMER RIDING CAMP EMERGENCY TREATMENT AUTHORIZATION

Name of Camper _____ Male ___ Female ___

Social Security Number _____ Birth date _____

Camper's Home Address _____

Father's Name _____ SS # _____

Mother's Name _____ SS # _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email _____

Person(s) responsible for giving permission for emergency medical treatment if parents
are not available or present: _____

Relationship to Camper _____

Home Phone _____ Business Phone _____

Cell Phone _____

Name	Address	Phone
Doctor		
Dentist		
	Food	Medicine
Allergies		

Signature of Parent _____ Date _____

Signature of Witness _____ Date _____