

WOODHAVEN STABLE

Registration and Medical Release

Camp Session # _____

Participant's Name
(Please print)

Age

Date of Camp

Guardian, if Participant is under 18 years of age

E-mail address

Street Address, City, State, Zip

Phone Number

Alternate Phone Number

Cell phone

In case of medical emergency, it is my understanding that first aid will be administered, if deemed necessary. Should the situation prove to be more serious and first aid is not sufficient treatment, it is my understanding that my child or I will be transported to the nearest emergency facility, or if possible, the medical facility listed below, and I authorize this facility to provide medical or surgical procedures necessary to preserve the life or well-being of the above named participant.

Preferred Hospital or Medical Facility

Person to contact in case of emergency

Phone number

Any known allergies or medical conditions of which the hospital should be aware

Medications your child currently taking

Parent or guardian signature

Date