**Summer and Saddles Camp Registration Form**

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| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Gender: M / F HT:\_\_\_\_\_\_ WT\_\_\_\_\_ |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: \_\_\_ /\_\_\_ /\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State:\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_\_ |
| school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (optional) | Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| |  |  |  | | --- | --- | --- | | ***Please select the weeks your child is planning to attend:*** | Each session $150 **8am -12pm** | | | June 17-21 GIRL POWER | | Day Camp #1 | | June 24-28 WESTERN BEGINNER | | Day Camp #2 | | August 19–23 WESTERN 1 &2 | | Day Camp #3 | | August 26-31 WESTERN / ENGLISH | | Day Camp #4 | | September3–7 ENGLISH | | Day Camp #5 | | |  |  | | --- | --- | | **Emergency Contact Numbers:** (optional)  NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Cell: | (\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ | | Work: | (\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ | | Other: | (\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ | |

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| ***Medical Questionnaire:*** |

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| Does your child have allergies ? Yes / No *If yes, please explain:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PLEASE VISIT [WWW.STABLEMOVEMENTS.COM](http://WWW.STABLEMOVEMENTS.COM/) TO COMPLETE REQUIRED PARTICIANT FORMS  AGE 7- 19 YRS AND WIEGHT LIMITS APPLY FOR MOUNTING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| |  |  | | --- | --- | | NO MEDICATION WILL BE GIVEN DURING CAMP SESSION.  PARENT WILL HAVE TO RETURN TO CAMP TO ADMINISTER MEDS | | |  | **Medical Requirements:** New York State law requires that we have information regarding your child's immunizations. Please bring your child's immunization record when checking in on the first day of camp. If you prefer, we will be happy to photocopy the record for you. **To receive the early registration discount and reserve your child's place:** The non-refundable resident camp registration fee of $100.00 must be received by the camp. This form must be postmarked by May 30, 2013 to receive the early registration discount. **In case of emergency:** I understand every effort will be made to contact me. However, if I cannot be reached, I give permission for the physician selected by the camp director to secure proper medical treatment for my child. **By submitting this registration:** I give my permission for the camp to use my child's photograph in camp promotional information.  Signature: date   |  |  | | --- | --- | |  |  | | |  |  | |  |  | |  |  | | |  | | --- | | [**Health Insurance**](http://pathoflifecamp.org/registration.php?p=true)**Information:** | | Name of policy holder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Policy number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Mail form with payment to  Stable Movements  18 smith hill rd  Binghamton NY 13905  limited spots apply early  contact Theresa 607 727 7602 | |