PipeDream Equine 2018 Summer Camp Registration

Return to: PipeDream Equine, 448 Deer Park Rd, West Halifax, VT 05363

Please include fully completed registration and medical form and 50% deposit.

Camp session starting date:

Student Name: DOB:

Address:

Parent Name:

Home Phone #: Cell #: Work #:

Parent Name:

Home Phone #: Cell #: Work #:

Email Address:

Emergency contact, other than parent:

Relationship to child:

Home Phone #: Cell #: Work #:

Riding Level/Experience, specific goals, please describe:

Parent/Guardian signature:

Please print name:

PipeDream Equine Medical Information

Minor name: DOB:

Allergies:

Medical/Special Needs:

**Medical Insurance Information**

Name of Insurance Company:

Policy/Group ID Number:

Family Physician: Phone #:

I/We, being the parent(s) or legal guardian(s) of the above named minor child hereby appoint:

 **Shelby Lawrence**

to act in my/our behalf in authorizing unexpected medical care, dental care and hospitalization for the above named minor during the period of my/our absence during the 2018 calendar year.

This document shall be presented to a physician, dentist, or appropriate hospital representative at such times as unexpected medical care, dental care, and/or hospitalization may be required.

Parent/Guardian Name, please print clearly:

Parent/Guardian signature and date:

We, the parents, can be reached in an emergency at: