

# PipeDream Equine 2018 Summer Camp Registration

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

OR return by email: [pipedreamequine@gmail.com](mailto:pipedreamequine@gmail.com) if paying through PayPal.

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

Welcome packet incl. details on needed items will be provided after registration.

Camp session starting date:

Camp session Option:

Rate:

Deposit:

Balance:

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

1) Minor name:

2) DOB:

3) Allergies:

4) Does your allergy require EpiPen? If so, provide unexpired EpiPen with student and notify us.

5) Medical/Special Needs:

6) Can we give your child Tylenol?

7) Can we give your child ibuprofen?

8) Can child share spray on or lotion sunscreen with another child if needed?

### **Medical Insurance Information:**

8) Name of Insurance Company:

9) Policy/Group ID Number:

10) Family Physician:

11) 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: