



## Equestrian Club Registration and Health Form

Name: \_\_\_\_\_

                    Last                                      First                                      Middle

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

### Parent or Guardian Information

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contacts

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_

### Doctor Information

Doctor Name: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_

### Insurance Information

Insurance Provider: \_\_\_\_\_ Insurance Provider Phone: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Subscriber: \_\_\_\_\_

### Allergies

Medication: \_\_\_\_\_ Reaction: \_\_\_\_\_

Food: \_\_\_\_\_ Reaction: \_\_\_\_\_

Other: \_\_\_\_\_ Reaction: \_\_\_\_\_



Pertinent History

Does your child have any pertinent medical (or otherwise) history that we should know about? (Prior injuries, social challenges, medical conditions?) Is there anything that you could share about your child that could help us make their experience, safe, fun, and friendship building?

Four horizontal lines for writing the history.

Parent/Guardian Authorizations

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of the applicant for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this applicant. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of the applicant's health record from providers who treat the applicant, and these providers may talk with the program's staff about the applicant's health status.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form along with liability release and payment to:

**Camp Horizons, Attn: Equestrian Club, 3586 Mountain Valley Rd, Rockingham, VA 22802**

540.896.7600 – [www.horizonsoutdoorlearningcenter.com](http://www.horizonsoutdoorlearningcenter.com) – [nicholsj@horizonsva.com](mailto:nicholsj@horizonsva.com)