



2011 Camper Registration Booklet

(For March Break and PD Day Campers)

Camper's Name _____ (First) _____ (Last) Male Female

Age _____ Birth Date _____ Grade _____ School _____
(mm/dd/yy) (as of Sep. 2011)

Family Email Address: _____ Camper is commonly called (goes by): _____

Parent/Guardian 1: _____
Relation to Camper _____
Address _____
City _____ Prov. _____ Post. Code _____
Phone: H _____ W _____
Cell _____
Email _____

Parent/Guardian 2: _____
Relation to Camper _____
Address _____
City _____ Prov. _____ Post. Code _____
Phone: H _____ W _____
Cell _____
Email _____

Child resides with _____ Relationship to Camper _____

Are there any custody concerns we should be aware of? _____

Emergency Contact Person _____ Phone # _____ Relationship _____

Is your camper new to Circle R Ranch? Yes No If no, what year will 2011 be for him/her? _____

Riding Experience

Has your camper ever been trail riding or taken lessons? Yes No If yes, please describe: _____

If your child is a past Circle R camper, what riding level has he/she achieved? _____

What horse(s) did your camper ride last year? _____ Would your camper like to request a horse? _____
(We will try our best to accommodate, but cannot guarantee your request)

Other

Camp is an ideal place to make new friends, however, if your child has any preference as to group mates, please list names here.

Please list a maximum of two persons, who are your camper's AGE AND GRADE in school. Group mate requests may not be granted. Any requests considered must come in writing from BOTH families..

Does your camper have any siblings? No Yes Please list names and ages: _____

Please provide any other information that may help us provide your child with the best possible camp experience (e.g., recent significant family changes, serious fears, goals for camp):

Camper Medical Information

We will NOT register your camper until this medical information is complete. Please complete this page in its entirety.

Camper Name: _____ Health Card # _____ Version Code _____

(required)

Family Doctor _____ Phone # _____

Camper's Height _____ Weight _____ Drug Plan (if any) _____

Are your child's immunizations up to date including tetanus? Yes No

Has your child recently been in contact with any contagious diseases? Yes No

If yes, which disease and when? _____

Does your child have any life-threatening allergies? Yes No If yes, to what? _____

Please note Circle R Ranch is NOT a peanut-free environment

Does your child use an epi-pen? Yes No If yes, is it being sent to camp? Yes No

Does your child use an asthma inhaler? Yes No If yes, is it being sent to camp? Yes No

If yes, please list instructions for epi-pen or inhaler use: _____

Will any other medications be sent to camp? (Prescription or over-the-counter) Yes No

If yes, please list medications and instructions: _____

Does your child have any special diet requirements (i.e., food allergies, vegetarian)? Yes No

Are there any other medical concerns or program restrictions we should be aware of? _____

AUTHORIZATION

I approve my child's participation in all camp programs and activities unless I the parent/guardian, advise Circle R Ranch in advance, in writing. All medical conditions requiring ongoing medical supervision or care have been fully noted. If for any reason my child requires medical attention or special medication beyond that furnished by Circle R Ranch, I authorize the camp to authorize on my behalf to take whatever steps deemed necessary to ensure the safety and health of my child. Such action is to be taken only when immediate contact with the undersigned cannot be made. I grant Circle R permission to use any photographs or videos taken of my child in their promotional materials.

MY SIGNATURE BELOW INDICATES ALL INFORMATION ON THIS APPLICATION FORM IS COMPLETE AND ACCURATE. I UNDERSTAND THAT MY CAMPER WILL NOT BE REGISTERED UNTIL ALL PORTIONS OF THIS APPLICATION FORM HAVE BEEN COMPLETED.

Parent/Guardian Signature _____ Date _____