

Windy Meadows Horse Farm

Windy Meadows Horse Farm
12875 Warrenton Road Nokesville, Va. 20181
(571) 437-6051. horsey24@hotmail.com

CAMP REGISTRATION FORM

Child

First _____ Middle _____ Last _____

Gender: Male Female

School Name _____ Grade _____ Birth date ____/____/____

Age _____

Street

Address _____

Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____

Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____

Cell phone _____ E-mail _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work

Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work
Phone _____
Cell Phone _____ Email _____ Relation to child

Please list those people including in addition to parents/guardians who are permitted to pick up your child:
1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance

Provider _____

Primary

Physician _____

Address _____

Phone _____ Hospital

Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?
Yes__ No__ If yes, explain: _____

Does your child require a special diet?
Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.