

Amber Hill Farm

CAMP REGISTRATION AND MEDICAL INFORMATION

Participant's Name:(please print)_____ Session Date_____

Parent/Guardian:(please Print)_____ Camper's AGE_____

Address_____ City_____ State_____ Zip_____

Phone_____ Work Phone_____ Cell Phone_____

Camper's Email_____ Parent Email_____

Emergency Contact_____ Relationship_____

Phone_____ Work Phone_____ Cell Phone_____

Family Dentist_____ Phone_____

Orthodontist_____ Phone_____

Family Physician_____ Phone_____

Medical/Hospital Insurance_____ Policy Number_____

Does camper have any known allergies to medicine, food, plants, animals or insects?_____

Any conditions that may require special care, medicine or diet?_____

Is any medication being taken at the present time?_____

PLEASE SEND WRITTEN INSTRUCTIONS WITH ANY MEDICATION.

Are you aware of any current health/fitness problems?_____

Is there any past or present history of illness, disease or injuries?_____

Date of last TETNUS SHOT (must be within last 5 years)_____

Has it ever been necessary to restrict activities for medical reasons?_____

Any additional information, needs, requirements or instructions that should be known?_____

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests and treatments for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the Physician selected by the Camp Director to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery for my child.

DATE:_____ **SIGNATURE of PARENT/GUARDIAN**_____

Amber Hill Farm

____ I will BRING a Horse. Please Describe: _____

____ I will need to USE an Amber Hill Horse. I would prefer: _____

Riding Level: Beginning over fences____ Currently Showing over fences____ At what Height _____

Experience level in your own words: _____

T-Shirt size _____

Polo Shirt size _____ (Event Camp only)

I attest that I am the financially responsible parent/guardian of the child I am enrolling. I hereby agree to abide by all rules, regulations, stipulations and/or conditions set forth by AMBER HILL FARM. I understand and agree that AMBER HILL FARM reserves the right to terminate my child's session, without refund, for non-compliance of rules, regulations, stipulations and conditions and/or excessively rowdy, abusive, dangerous, immoral and/or unethical behavior.

SIGNATURE of PARENT/GUARDIAN _____

I promise to follow all rules, schedules and routines set by Amber Hill Camp Director OR Staff. I understand that I can be sent home for breaking rules, being rowdy, un-safe, abusive, mean or dangerous to myself, staff, other campers, horses or animals.

SIGNATURE of CAMPER _____

AMBER HILL FARM * 28340 Eddings Road * Rhoadesville, VA 22542 * 540 854-6136