



Lochmoor Stables Summer Riding Day Camp Registration and Emergency Transportation Authorization

* Please print out Camp Registration Form*

Camp Date: _____

Name of Child:	Mother's Name:	Father's Name:
Street Address:	Home Address: (if different)	Home Address: (if different)
City, State, Zip:	City, State, Zip:	City, State, Zip:
Home Phone Number:	Employer's Phone	Employer's Phone:
Child's Age:	Cell Phone:	Cell Phone:
	Email Address:	Email Address:

People to be contacted in the event of an emergency if the parents cannot be reached:

Name:	Phone:	Name:	Phone:
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Relationship to Child:		Relationship to Child:	
Name of Physician or Clinic:		Name of Dentist or Clinic:	
Address:		Address:	
City, State, Zip:	Phone:	City, State, Zip:	Phone:

Either Part One or Part Two below must be completed. Do not complete both.

Part One: Permission to Transport Child

I give _____ my permission to transport my child (child's name), _____ to (hospital/clinic) _____ for emergency medical care or Dentist/Clinic) _____ for emergency dental care, or to the nearest available source of assistance.

Parents signature: _____ Date: _____

Part Two: Refusal to Grant Permission

I do not give permission to _____ transport my child, (child's name) _____ for emergency medical or dental care. In the event of an illness or injury which requires medical or dental treatment, I wish the following action to be taken: _____

Parents Signature: _____ Date: _____

Authorization of Treatment: I hereby give my permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the Physician selected by the camp director to secure and administer treatment, including hospitalization, for me/my child as named above. The completed forms may be photocopied for trips out of camp.

Signature of Parent or Guardian or Adult camper/staffer:

Parents Signature: _____ Date: _____

Witness: _____ Date: _____

If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.