



# Maple Ridge Stables, LLC Summer Camp

## Registration and Medical Release Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Camp Dates: \_\_\_\_\_ Amount Due: \_\_\_\_\_

I have enclosed a:  Check  Credit Card – \_\_\_\_\_

Please make checks payable to: **Maple Ridge Stables, LLC**

There is a non-refundable deposit of \$100 required when submitting your reservation

\*\*\*\*\*

**Dietary Restrictions: Please be specific**

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

### **EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*

**Medical Information**—Please list any allergies or medical conditions we should be aware of:

Allergies:

\_\_\_\_\_

Medications: \_\_\_\_\_

Tetanus Shot: Yes \_\_\_ No \_\_\_ Date of last shot/booster \_\_\_\_\_ Does Camper require the use of an EPI Pen? Yes \_\_\_ No \_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event that emergency medical aid and/or treatment is required , I authorize Maple Ridge Stables, LLC to:

- 1. Secure medical treatment and transportation if needed on my behalf.
- 2. Release client records upon request to the authorized individual(s) or agency involved in the emergency care.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility if Emergency Care is needed: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Please include a copy of the front and back of medical insurance card.

\*\*\*\*\*

Photo/Video Release (optional):

I hereby give my consent and authorize Maple Ridge Stables, LLC to use and reproduce any and all photographs or videos taken of the above-named rider for promotional printed/video materials, educational activities or for any other use which would benefit Maple Ridge Stables, LLC.

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

**Please make sure you have included the following forms:**

**Registration and Medical Release Form**

**Maple ridge Stables, LLC., Participation Waiver and Release Agreement**

**Copy of Valid Medical Insurance Card (front and back)**

**Check for minimum deposit or full camp fee as needed.**

**Please refer to our "What to Bring to Camp" document before you pack!**

**Logo Wear:** Your camper will love to find a logo'd tee or sweatshirt at camp.

**T-Shirts \$20 – Sweatshirt \$40**

Please specify size in either adult or child's and include correct spelling here:

Name: \_\_\_\_\_ size \_\_\_\_\_ Adult \_\_\_ Child \_\_\_

Include cost of logo'd item with deposit.