

Paloma Trails 2018 Summer Horse Camp

Paige Clough Certified Therapeutic Riding Instructor
Medical and Emergency Contact Information

_____ Child's Name		_____ Date of Birth	M F Sex
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name	
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

_____ Parent's/Guardian's Signature	_____ Date
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I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to [Organization], as long as normal safety procedures have been taken.

_____ Parent's/Guardian's Signature	_____ Date
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_____ Witness Signature	_____ Date
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