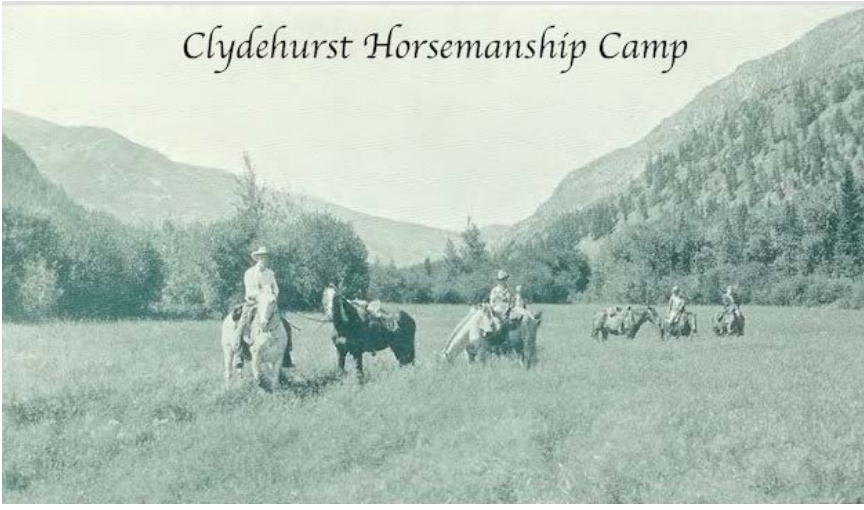


Clydehurst Horsemanship Camp



Clydehurst Christian Ranch

3319 Boulder Road

McLeod, MT 59052

Camp Office: (406) 932-6332

Billings Office: (406) 294-0394

Billings Fax: (406) 294-0395

Cost is \$315

*Camp starts at 10am on August 19
(Saturday) and
ends at 10am on August 21 (Monday)

Are you registering yourself or someone else (please circle one)?

I am 18 or over and am registering myself.

I am under 18 and registering myself with the consent of my parents.

I am a parent/guardian and am registering my child.

CAMPER INFORMATION

First Name: _____ **Last Name:** _____

Please Indicate (circle one): * Male Female

Please indicate the camper's age by the time camp begins on August 14, 2017 (circle one): 14 years old 15 years old 16 years old 17 years old 18+ years old

Please indicate which grade the camper will begin in the fall:

High School Freshman	High School Junior	Attending College
High School Sophomore	High School Senior	Post-high school/post-college Adult

Is this camper a First Time Camper (please circle one)? * Yes No

Please enter the years (and/or months) of horse experience the camper has (e.g. 1 year and 6 months; I've never ridden a horse; 4 months; etc.)? _____

How did you hear about this event (please circle all that apply)?

Clydehurst Website	Clydehurst Staff/Staff Alumni	Facebook	At another Clydehurst event
Brochure/Mailing	Church	Friend/Relative	I have attended Clydehurst Horsemanship Camp before.

CAMPER ADDRESS

Address Line 1: _____

Address Line 2: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Church (if applicable): _____

Parent/Guardian Information (if registering a minor)

First Name: _____ Last Name: _____

Self-Registering Adult or Parent/Guardian Cell Phone: _____

Self-Registering Adult or Parent/Guardian Home Phone: _____

Self-Registering Adult or Parent/Guardian Email: _____

Emergency Contact Information (ALL applicants must complete this section)

First Name: _____ Last Name: _____

Emergency Contact Phone: _____ Emergency Contact Secondary Phone: _____

Relationship to Camper: _____

HORSEMANSHIP CAMP MEDICAL DATA FORM *All applicants must complete this section regardless of age.

Camper Date of Birth: * _____ Medically Required Dietary Restrictions: _____

Special Diet required for camper (e.g. gluten free, lactose free, etc.). We will add \$25 to your registration fee (please circle): Yes No

Family Physician: _____ Physician Phone Number: _____

Name of Insurance Company: _____ Policyholder Name: _____

Any restrictions, physical impairments and/or necessary limitations of activities? _____

Allergies and Reaction to Allergens (excluding seasonal allergies): _____

Past Pertinent Medical History (i.e. diabetes, asthma, heart problems, seizures, etc.): _____

Deposit (A deposit of \$50 is required to reserve your child's registration: \$50.00

Additional Payment (beyond the deposit): _____

Special Diet Required (enter \$25, if so)? _____

Total being paid Now: _____

Comments: _____

FOR OFFICE USE ONLY Date Received: _____ Amount Paid: _____ Check No. _____ Balance Due: _____ Sent Ack.: _____ Final Pmt: _____ Date: _____ Check No.: _____

***Please complete the following addendum if your child will still be under 18 by the time of this event.**

MEDICATION POLICY

PLEASE READ: Medications brought to camp MUST be given to the camper's counselor to be handed out to our First Aid Staff. All prescription medications MUST be in the original container with the camper's name, name of medication, and directions clearly marked on the pharmacy label. All over-the-counter medications MUST be in the original container and accompanied by parental instructions. Medication with no identification WILL NOT be given.

OVER THE COUNTER MEDICATION AVAILABLE AT CAMP: Immodium, Ibuprofen, Claritin, Hydrocortisone Cream, Neosporin, Throat Lozenges, Tums, Tylenol, Cough Syrup, Sudafed, Pepto Bismol, Benadryl, Day Quil:

Please circle the below statement that applies to you and your camper: *

Clydehurst Christian Ranch (and its representatives) may administer ALL the above medications to my camper as needed.

OR

Clydehurst Christian Ranch (and its representatives) are allowed to administer to my camper all the above medications EXCEPT those specifically indicated in the box below:

If your camper is restricted in over-the-counter medication, please indicate which medication your camper is NOT allowed to have in the blue box above (If left blank, you are indicating that the camper may have ALL the available OTC medications if/when they are deemed medically required by Clydehurst staff).

WAIVERS

Medical Waiver (Please read)

I authorize the staff on duty at Clydehurst to administer first aid as required for illness or injury. In case of emergency, I understand that every effort will be made to contact the parent/guardian and/or emergency contact. However, if neither can be reached, I hereby give permission to the physician or dentist selected by Clydehurst to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child (named above).

Personal Injury/Loss Waiver (Please read)

I voluntarily waive any claim against Clydehurst, its camp personnel, or other person(s) transporting my child, against all liability, claims, damages, attorney fees, expenses arising out of any loss, personal injury, accident, misfortune, or damage to the above named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.

Media Waiver (Please read)

I further authorize the camp to use photos or videos taken of my child at camp for Clydehurst promotion and advertising including print media for camp brochures, articles, and camp websites. AT NO TIME WILL CAMP PHOTOS BE USED BY UNRELATED ORGANIZATIONS.

By signing, I certify that I have read (or had read to me) and understood the above waivers.

Parent or Guardian Signature: _____

Printed Name: _____

Date signed: _____