

# HORSE DAY CAMP • RIVERSIDE STABLES

2310 CHINCHILLA LANE • SPRINGFIELD, IL 62702 • 217-522-7702

## APPLICATION AND EMERGENCY FORM FOR HORSE DAY CAMP PARTICIPANT

Child's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_ T-Shirt Size: Adult: S M L XL Child: S M L

Check one: Living with: Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Grandparent \_\_\_ Other \_\_\_

If separated or divorced who has custody: (name) \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Ph \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Ph \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Is your child on medication? Yes \_\_\_ No \_\_\_ If yes, what medication \_\_\_\_\_

Does your child have allergies? Yes \_\_\_ No \_\_\_ If yes, what allergies \_\_\_\_\_

Does your child have any medical or physical conditions? Yes \_\_\_ No \_\_\_ If yes, what \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Ph No \_\_\_\_\_

Insurance Company and No. \_\_\_\_\_

Hospital \_\_\_\_\_ Primary Card Holder \_\_\_\_\_

## Memories of a Lifetime

Would you like pictures of your camper? (circle one) yes no  
There is an additional \$20.00 charge for pictures.

If yes, please sign \_\_\_\_\_