

KB Horse Camp Camper Information/Sign-In Form

Name: _____
Last First

KB Horse Camp Activity Dates: _____

Parents' Complete Name: _____ - Father/Guardian
Last, First

_____ - Mother/Guardian
Last, First

Complete Address: _____
PO Box, Street

_____ City State Zip

Phone Numbers (including area code)

Home: _(____)_____ Work: _(____)_____

Cell: _(____)_____

Emergency Contact if different from parents and home or work phone:

Name: _____ Phone Number: _(____)_____
Last, First

Child's Complete Name: _____
Last, First

Child's Age: _____

Is child allergic to anything? Yes _____ No _____
If so, what? _____

Is child taking any medication? Yes _____ No _____
If so, what? (Be sure to include directions for taking medication including times & dosage.)

May we give your child medicine for a headache? Yes _____ No _____
If so, what kind and how much to give them? _____

We the parents will not hold Lamar Bennett, Kim or Brian McGhee, or KB Horse Camp Staff responsible for any accident that might happen while our child is at KB Horse Camp. If an accident does occur, we give Kim McGhee or KB Horse Camp Staff permission to take our child to the hospital and receive medical attention until we arrive. **THE PARENT OR GUARDIAN IS RESPONSIBLE FOR HEALTH AND ACCIDENT INSURANCE.** Please send a copy of both sides of your insurance card.

Signature (Parent or Guardian)

Father /Guardian

Mother/Guardian

