

Horse Amour Day Camp

Camp dates chosen: _____

Name: _____ Age: _____

Address: _____

Email: _____ Tel. #: _____

Emergency Contact #1: _____

Tel. # _____

Relationship: _____

Emergency Contact #2: _____

Tel. # _____

Relationship: _____

Health issues or allergies? Please explain:

Swimming Ability?

Health Ins.: _____ # _____

What would you like your child to accomplish at camp?

I agree to hold Horse Amour harmless for all camp activities. I realize the inherent danger of activities involving animals. I authorize Horse Amour staff to allow emergency medical treatment if deemed necessary. I understand that under Vermont law an equine activity sponsor is not liable for an injury to a participant in equine activities that are obvious and necessary, pursuant to 12 V.S.A. 1039.

Signature of parent or guardian: _____

Date: _____