



Equine Guided Youth Leadership Camp Registration Form

Camper's Name:

Parents' Name:

Today's Date:

Program and Date: Please circle or use a checkmark

Youth Leadership, Ages 8/9-12

June 22-26, 2025

July 6-10, 2025

Birthdate:

How did you hear about H&P or this program?

Cell Phone:

Home Phone:

Email Address:

Home Address (Street, City, ST, Zip):

MEDICAL

Known allergies:

Allergic to bee stings?

List current medications and conditions for physical or psychological conditions:

Year of last tetanus shot, if known:

Any injuries we should be aware of?

Physician name, address and telephone number:

Name of 2 Emergency Contacts, Relationship, and Phone Number:



PERMISSIONS

Emergency Treatment: In the event of an illness or accident that requires immediate medical treatment, I give permission for the director or counselors at HORSES AND PATHFINDERS to authorize or perform such treatment. I will not hold HORSES AND PATHFINDERS child-care workers, or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parent, child's physician and other persons listed for emergency contacts.

Parent/ Guardian _____ Date _____

Swimming: I give permission for my child to swim in the HORSES AND PATHFINDERS' designated swimming area of the Mad River and participate in water play and swimming.

Parent/ Guardian _____ Date _____

Topical Lotion/Medication: I give permission for my child to receive the following:

___Sunscreen ___Insect Repellent ___Pain Reliever (Advil/Tylenol)

Parent/ Guardian _____ Date _____

Photos: I give permission for my child's photograph to be used in publicity for HORSES AND PATHFINDERS. I give permission for my child to be included in testimonials and pictures connected with the Youth Leadership programs.

Parent/ Guardian _____ Date _____



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