WOODHAVEN STABLE
Registration and Medical Release

Camp Session # _____

_____ _____ _____
Participant's Name **Age** **Date of Camp**
(Please print)

_____ _____
Guardian, if Participant is under 18 years of age **E-mail address**

_____
Street Address, City, State, Zip

_____ _____
Phone Number **Alternate Phone Number**

_____
Cell phone

In case of medical emergency, it is my understanding that first aid will be administered, if deemed necessary. Should the situation prove to be more serious and first aid is not sufficient treatment, it is my understanding that my child or I will be transported to the nearest emergency facility, or if possible, the medical facility listed below, and I authorize this facility to provide medical or surgical procedures necessary to preserve the life or well-being of the above named participant.

_____
Preferred Hospital or Medical Facility

_____ _____
Person to contact in case of emergency **Phone number**

_____
Any known allergies or medical conditions of which the hospital should be aware

_____
Medications your child currently taking

_____ _____
Parent or guardian signature **Date**