



Animal Rescue

9 Beck Road Quakertown, PA 18951 Phone: 215-538-2510 Fax: 215-538-2077

SIGN UP SHEET

Summer Camp- Please send in NO LATER than JUNE 1st

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ DOB ___/___/___

Home Phone: _____ Cell Phone: _____

Email: _____

Please circle all that apply: \$300 for first session/child, discounts available. (Monday-Friday 9:00-3:00)

- Horseback riding camp will include daily riding lessons, horse care and safety, water activities, and crafts.
- Jr Rescue Camp will focus on all types of animals at LCR and promote the idea of rescue, rehabilitation, and rehoming of rescue animals (weekly riding lessons included along with water activities and crafts).

Week of June 25th-29th HORSEBACK RIDING CAMP

Week of July 9th-13th JR RESCUE CAMP

Week of July 16th-20th HORSEBACK RIDING CAMP

Week of July 23rd-27th JR RESCUE CAMP

Week of July 30th- August 3rd HORSEBACK RIDING CAMP (Advanced Week- Campers must be walking, trotting, and cantering off of a lunge line)

Emergency Contact Information

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Medical History

Does your child have any medical condition, past or present that we should know of? Y or N

If yes, please explain: _____

Is your child allergic to any medication, foods, insects, or other allergens? Y or N

If yes, please explain: _____

Does your child take any medications, either prescription or over the counter? Y or N

If yes, please list medication, dosage, prescribing doctor, reason for taking, and specific time to be taken each day: _____

Does your child have any restrictions? Y or N

If yes, please explain: _____

Name of family physician: _____

Phone: _____

Address: _____

Insurance Information :

Participant must be covered by family medical / hospital insurance

Please provide a copy of the insurance card, front and back

Carrier or plan name: _____

Group #: _____

Carrier address: _____

Name of insured and relationship to participant: _____

Permission to provide necessary treatment or emergency care: I hereby give permission to the medical personnel selected by the camp director to call for medical assistance in case of an emergency.

Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person described has permission to engage in all camp activities except as noted.

Signed: _____

Printed: _____

Date: _____

Everything you need to sign up:

1. Payment:

By Mail: Send check or cash along with

By Fax: Call with credit card information and pay over the phone

2. This Sign Up Sheet

3. Copy of Insurance Card (front and back)

4. Signed Release Form

Mail to 9 Beck Rd. Quakertown, PA 18951

Or

Fax to 215-538-2077