



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 10th

Name: _____ Address: _____

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

Home Phone: _____ Cell Phone: _____

Email: _____

Please circle all that apply: \$325 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 24th-29th HORSEBACK RIDING CAMP

Week of July 8th-12th ADVANCED RIDING CAMP (currently only available to current lesson students)

Week of July 15th-19th JR RESCUE CAMP

Week of July 22nd-26th HORSEBACK RIDING CAMP

Week of July 29th- August 2nd HORSEBACK RIDING CAMP

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

Or

email to emily@lastchanceranch.org