



CAMP UNPLUGGED APPLICATION

Session date _____

Camper's name _____ AGE _____

Name of Parent/guardian _____

Address _____

City _____

Email address _____

Phone numbers (including area code) _____

Emergency contact _____

Name _____

Relationship to camper _____

Camper's horse experience _____

Any allergies? To what? _____

On any medications? ____ If yes, what? _____

Please give names and directions to
medications _____

Please give us any other information you think is important for us to know to insure your child
has a comfortable and enjoyable
experience _____

Does your child have health insurance? ____ Name of Insurance and policy
number _____

Physician's name and phone number _____

Disclaimer:

We the parents (guardians) will not hold Annette Price, On the Wings of a Horse, or Dragonfly Farm, liable for any injuries that may happen at CAMP UNPLUGGED. If an accident occurs we give our permission to take our child to a hospital to receive medical attention.

Guardian is responsible for health and accident insurance.

Signed by parent or guardian _____

Date _____

Return application to:

Annette Price
On the Wings of a Horse

P.O. Box 176
Platteville, CO 80651
970-785-9090

Have a marvelous day !!