

**BUTLER SHOW HORSES
SUMMER CAMP REGISTRATION FORM**

Camper's Name: _____ **Birth Date:** _____

Referred by: _____

Address: _____ **City:** _____ **Postal Code:** _____

Home # _____ **Work #** _____ **Cell #** _____

Email Address _____

Emergency Contact (Other than Parent): _____ **Relationship to Camper:** _____

Home # _____ **Work #** _____ **Cell #** _____

Mother's Name: _____ **Work #** _____ **Cell #** _____

Father's Name: _____ **Work #** _____ **Cell #** _____

Doctor's Name: _____ **Phone #** _____

Health Card Number (including version code) _____

Allergies/Medical Concerns/Conditions _____

Dietary Concerns/Conditions: _____

Is Camper on any medication? Yes / No Please list any medications _____

Will Camper be caring/taking any medications while attending summer camp? Yes / No

Please explain: _____

Are camper's immunizations current: Yes / No

If No, please explain: _____

Camper's Riding Ability: _____

Swimming Ability: _____

Whenever possible we try to make accommodations for campers, I would like to be in the same group as: _____

Payment method: Cash, Cheque or e-Transfers to BSHSummertimecamp@outlook.com . Please make all cheques payable to Shawn Butler. Full payment is required to reserve your child's space in summer camp. It can be dropped off, emailed or mailed to 4981 10th Line North, R.R.#3 Coldwater, Ont. L0K 1E0

Reserving space for week of: _____

Day Campers Note: any early drop off or late pick up (more than fifteen minutes) will be charged \$ 5.00 + taxes per half hour per child.

Authorization: Upon registering my child for summer camp with Butler Show Horses, I permit my child to participate in the full range of camp activities. Including off site activities (transportation provided by Butler Show Horses) I approve Butler Show Horses and / or any of their appointees, in the event of an illness affecting the above camper, to authorize on my behalf all procedures, including admission to the hospital and necessary treatment therein as he / she may deem essential for the care and well being of the above camper. Such action is to be taken if contact cannot be made with the undersigned. **I understand that after thirty days and / or if summer camp sessions have started there are no refunds.** I understand that pictures taken during camp may be used for promotional reason. I authorize Butler Show Horses camp staff to apply sunscreen and insect repellent as necessary to above camper. I realize that I am to supply both, labeled with above campers FULL name.

Signature: _____ **Dated:** (mm/dd/yy) _____

Print Name: _____

Office Payment: _____ **e-Transfer/Cash/ Cheque #** _____

Received by : _____