

## Morningside Stables Summer Camp

Andover- 433 Andover road, Linthicum Heights, Maryland, 21090

Andy Smith- 584 Broadneck Road, Annapolis, 21409

### Camp Registration and Emergency Medical Treatment Authorization Form

Today's Date:		Camp Location: Please circle <b>Andover</b> or <b>Andy Smith</b>																											
<b>CAMPER'S INFORMATION</b>																													
Campers Last Name:		First:	Middle:	Age:	Birth Date:																								
Parent or Guardian Name:			Primary Email:																										
Street Address:			City:	State/Zip Code:																									
Home Phone Number: (    )		Cell Phone Number: (    )		Work Phone Number: (    )																									
Alt. Parent/Guardian Name:		Email:		Phone Number:																									
Camp Sessions Offered: Please Circle																													
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><b>Andover:</b></td> <td style="width: 25%;">June 22<sup>nd</sup>- June 26<sup>th</sup></td> <td style="width: 25%;">July 6<sup>th</sup>- July 10<sup>th</sup></td> <td style="width: 25%;">July 20<sup>th</sup>- July 24<sup>th</sup></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>August 17<sup>th</sup>- August 21<sup>st</sup></td> <td colspan="2">August 31<sup>st</sup>- September 4<sup>th</sup></td> <td colspan="2"></td> </tr> <tr> <td><b>Andy Smith:</b></td> <td>June 29<sup>th</sup>- July 3<sup>rd</sup></td> <td>July 13<sup>th</sup>-July 17<sup>th</sup></td> <td>July 27<sup>th</sup>- July 31<sup>st</sup></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>August 10<sup>th</sup>- August 14<sup>th</sup></td> <td colspan="2">August 24<sup>th</sup>-August 28<sup>th</sup></td> <td colspan="2"></td> </tr> </table>						<b>Andover:</b>	June 22 <sup>nd</sup> - June 26 <sup>th</sup>	July 6 <sup>th</sup> - July 10 <sup>th</sup>	July 20 <sup>th</sup> - July 24 <sup>th</sup>				August 17 <sup>th</sup> - August 21 <sup>st</sup>	August 31 <sup>st</sup> - September 4 <sup>th</sup>				<b>Andy Smith:</b>	June 29 <sup>th</sup> - July 3 <sup>rd</sup>	July 13 <sup>th</sup> -July 17 <sup>th</sup>	July 27 <sup>th</sup> - July 31 <sup>st</sup>				August 10 <sup>th</sup> - August 14 <sup>th</sup>	August 24 <sup>th</sup> -August 28 <sup>th</sup>			
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<b>Before or After Care Required:</b> (One hour earlier drop off and one hour later pickup)		Yes___ No___	If yes, please indicate which	<b>Before Care</b> \$75	<b>After Care</b> \$75	<b>Both (Am and Pm)</b> \$100																							
Previous Riding Experience:																													

**MORNINGSIDE STABLES, LLC.** 443 ANDOVER ROAD, LINTHICUM HEIGHTS, MARYLAND,  
21090, 584 BROADNECK ROAD, ANNAPOLIS, MARYLAND, 21409  
(425) 367-8535 morningsidesummercamps@gmail.com

## HEALTH AND INSURANCE INFORMATION

**Camper physical and/or mental health conditions, problems and/or disorders which may affect his/her safety and ability to ride a horse? Yes \_\_\_ No \_\_\_ If yes, please describe**

Allergies	
Medication	
Last Tetanus	
Other Conditions	

Health Insurer:

Policy Number:

Physician:

Physician Contact Number:

## IN CASE OF EMERGENCY

Emergency Contact:

Relationship to Camper:

Emergency Phone Number:  
(     )

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize the Morningside Stables staff to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

### **CONSENT PLAN**

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the Parent, Guardian or Emergency Contact individual indicated is unable to be reached.

**AGREED:**

**Parent or Guardian**

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Name signed

Date

**OR**

**NON-CONSENT PLAN**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

**Parent or Guardian**

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Name signed

Date

If this option is selected,

- The Parent or legal guardian shall remain on site at all times while rider/volunteer is receiving services or on the property
- In the event that emergency treatment/aid is required, I wish the following procedure to occur:
