



# PVHC Camp Registration Form

Student Name \_\_\_\_\_

Age \_\_\_\_\_

Parent name/s \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell #1 \_\_\_\_\_

HM \_\_\_\_\_ Cell#2 \_\_\_\_\_

Emergency Contact and authorized pick up:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

PVHC Must have 24 hr notice for a make up and there are NO refunds.

In case of an accident or serious illness, I request Pleasant Valley Horse club to contact me. If I am unable to reached , I hereby authorize Pleasant Valley Horse Club to seek emergency medical treatment as necessary. It is understood that Pleasant Valley Horse Club or its authorized agents will not be held responsible for the costs of such care.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Insurance Co \_\_\_\_\_

Policy Number \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

Swimming Level (circle one) Beginner Intermediate Advanced

Riding Level (circle one) Beginner Intermediate Advanced