

Girls Camp 2010

Last Name _____ First Name _____ M.I. _____

Entering Grade _____ Birthdate ____/____/____ Age at time of Camp _____

Address _____

City _____ State _____ Zip _____

Are all IMMUNIZATIONS current with State requirements? Yes No Explain _____

Date of last tetanus ____/____/____ Date of last medical exam ____/____/____ Reason for exam _____

Family Physician _____ Phone (____) _____

HISTORY OF: Seizures Heart Trouble Diabetes Sore Throat Kidney Bowel Habits Bleeding

Menstrual Problems Sleepwalking Fainting Bedwetting Nosebleeds Headaches Surgeries

ALLERGIES: Hay Fever Asthma Bee Stings Plants Foods _____ Medications _____

Explanation for checked items: _____

Other chronic illnesses or conditions: _____

Mobility limitations/Activity restrictions _____

Special medical or dietary instructions _____

MEDICATIONS: List all medications to be administered at camp. _____

All medications must be in original container and clearly labeled, including: patient's name, physician's name, name of medication, prescription number, date prescribed, instructions. Counselor will collect and distribute all meds.

Family Insurance Co. _____ Group# _____

Subscriber # _____

Ins. Address _____

Ins. Phone _____

Policyholder's Name _____

Employer _____

Relationship to Camper _____ Policyholder's Birthdate _____

PARENTAL AUTHORIZATION: I hereby give permission for my child to attend camp as indicated above. I further certify that this health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted. IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. I also hereby give permission to the camp counselor and/or other member of the camp staff to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents. Note: "Camp Counselor" refers to a "person in charge of a group of children at camp" and does not imply they are licensed to give counsel.

Parent/Guardian Signature _____ Relationship _____

Home Phone: (____) _____ Cell/Alternate Phone: (____) _____

Email _____ Work Phone: (____) _____

Mark your week of 2010 Girls Camp !

June 13-17 5 day

June 21-24 4 day

*Mother\daughter camp, optional

June 27-July 1 5 day

July 5-8 4 day

July 11-15 5 day

July 19-22 4 day

*Mother\daughter camp, optional

July 25-29 5 day

Aug. 1-5 5 day

Aug. 8-12 5 day

Aug. 15-19 5 day

Aug. 22-26 5 day

4 Day Camp
\$475.00

5 Day Camp
\$575.00
plus tax

Please indicate
camp dates

Wild West Campground and Corral is not responsible for lost or stolen articles. We STRONGLY discourage bringing cell phones, expensive cameras, electronic devices, etc. ABSOLUTELY NO: fireworks, firearms, tobacco, weapons, alcohol, or unprescribed drugs. Possession of these items will result in immediate expulsion! NO EXCEPTIONS!

Appropriate amount for:
4 or 5 day camp \$ _____

Camp T-Shirt—\$15.00 (Optional) \$ _____

5.5 Sales Tax \$ _____

Sub Total \$ _____

Camp store allowance (Optional) \$ _____
Instead of having to bring cash

BALANCE ENCLOSED \$ _____

I have read and understand attached sheet: **Camp West General Rules.**

*** Campers Signature _____

Wild West General Rules for Camp

1. Camper shall conduct herself in a respectful and courteous manner at all times.
2. Camper shall follow rules at all time on or off the premises.
3. Camper will be issued 1 verbal warning after misconduct, if poor behavior persists; camper will lose riding privileges for the next scheduled ride. Written notice will be placed in file.
4. Consistent poor behavior will result in notification of parents and possible expulsion.
5. For safety reasons, no camper will be allowed near horses without proper supervision.
6. No yelling, screaming or running in the presence of horses.
7. Campers will follow counselor's instructions without argument.
8. Items in general store are for purchase only. Campers are responsible for payment of items removed from store or lodge.
9. Camper promises to not be a picky eater.
10. Camper will keep their bunkroom area clean and tidy! This rule comes from Health and Human Services and will be enforced at all times!!
11. Camper will keep any and all valuables in a secure place or give them to counselor for lockup. Camper's belongings will be accessible at anytime upon request. This especially includes cash!

These rules are in force to insure all campers have the best possible experience while at Wild West Girls Horse Camp!

Let's all have a great time!!

Please sign the registration form stating you have read and understand these rules.

Camp Outing Permission Slip

I, _____ hereby give permission to the staff of Wild West to take my child _____ off the premises for reasons of medical emergencies or special outings.

Parents will be notified immediately if medical emergency arises.

Date of Camp _____ to _____

Parents signature _____

Date _____

Notice: A person who is engaged for compensation in the rental of equine equipment or tack or in the instruction of a person in riding an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (I) (E) of the Wisconsin statutes.

Liability Release Agreement

I, being of lawful age, desire to participate in horseback riding at Wild West Campground and Corral. I understand that horseback riding involves danger and inherent risk of injury to the rider or passenger should a horse become startled, rear, buck, bite, kick, roll, run or behave in other way which could endanger a rider or passenger and I agree to assume the risk of injury to myself and minors in my care and still desire to participate in these activities even though no amount of preplanning can remove all of the danger to which I am exposing myself and minors in my care.

I will use ordinary care in the use of the said horse and equipment and will not abuse, mistreat, or ride the horse in a reckless manner nor fail to follow instructions given to me. For and in consideration of the opportunity in participate in these horseback riding activities. I forever release, acquit, and discharge Wild West Campground and Corral, and any and all of their employees, agents, and members from any claim or liability that I or any minors in my care, or any of my heirs may incur as a result of my horseback riding activities in and/or around Wild West Campground and Corral or from the rental of the horse or equipment at Wild West Campground and Corral.

Further, I expressly understand and agree to identify and save harmless Wild West Campground and Corral and all of their employees and agents against any and all further claims or damages incurred by them as a result of any accident or injury which might occur while I or minors in my care are involved in horseback riding activities which may result from any negligence or actions of minors in my care. I understand that by refusing the use of helmets I am refusing critical safety precautions. No oral representations or other agreements not herein expressed has been made to the undersigned and this release constitutes out complete understanding and that the terms of this release are contractual and not a mere recital.

By signing below and listing any participating minors in my care, I indicate that I have read this release agreement, that I understand it, and that I assume full responsibility for my safety and for the safety of participating minors in my care, and ride at my own risk.

Adult Riders and Children

Date:	E-mail Address
Name:	Signature:
Address:	
Spouse Name:	Spouse Signature:
Names of Children Riding:	