



Peaceful Bay Stables
Summer Horse Camp
Enrollment Form

Camp Hours
9:00-1:00

150 Conrad Point Road (PO Box 1054) Lakeside MT 59922 (406) 844-2332/ (406) 250-7813

Date of Enrollment _____

WEEK (circle): July 10 - 13, 2018
Aug 7-10, 2018

Child's Name _____

Age _____ Birth Date _____ Grade _____ Male / Female

Address _____

email address _____

Child lives with (circle one): Both Parents Mother Father Other: _____

Child's T-Shirt Size S M L XL

Mother's Name _____ Cell Phone #: _____

Address _____

Place of Employment: _____ Work Phone #: _____

Father's Name _____ Cell Phone #: _____

Address _____

Place of Employment: _____ Work Phone #: _____

**Person(s) to be notified in case of an emergency and parents can not be reached.
(we must have 2 names)**

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name _____ Relationship: _____

Address: _____ Phone: _____

Others permitted to remove child from Peaceful Bay. (no one who is not listed my remove child)

Name: _____ Relationship: _____

Child's Physician: _____ Phone: _____

May we contact physician in case of emergency? (circle) YES NO

Medical Insurance Carrier: _____ Policy: _____

Does your son/ daughter have any allergies or health problems? Describe and be as specific as possible.

What serious illness, injuries or operations has he or she recently had? (describe)

Regular Medication(s) ?

Child's fears, habits or behaviors that we should be aware of that would be relevant? (please describe)

Parent or Guardian Signature: _____

Date: _____

HOW DID YOU HEAR ABOUT US? (CIRCLE)	Internet	Flyer	Newspaper	Friend	Other
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MEDICAL RELEASE

Name of Camp Student: _____

PARENT OR GUARDIAN MUST CONSENT:

In the event that I cannot be reached,
I, _____ (parent or guardian name) hereby give my consent,
in the event of injury or illness, for emergency medical/ dental treatment,
hospitalization or other treatment as may be necessary for the welfare of the above named student,
by a physician, dentist, qualified nurse, certified athletic trainer and or hospital, during all periods
of time in which the student is away from his/ her legal residence as a student in Horse Camp at
Peaceful Bay Stables. Further, I hereby waive, on behalf of myself and the above named student
any liability of Peaceful Bay Stables, its agents or employees, arising out of such medical
treatment.

Parent / Guardian
Signature _____

DATE: _____