

Print, fill out and return this form to:

Boomer's Landing
7885 Cropper Rd
Pleasureville, Ky 40057
Website: www.BoomersLanding.net
Email: BoomersLanding@yahoo.com
(502) 648-6145

Name of Camper: _____ Date of Birth: _____ Age: _____ Sex: M F
Camper Height: _____ Camper Weight: _____ Camper T-Shirt Size: _____
Phone # : (____) _____
Mailing Address: _____ City: _____ St: _____ Zip: _____
Camper Email: _____ Parent Email: _____
Health Insurance Name and Policy #: _____
Person to Contact in Case of Emergency: _____ Relationship: _____
Their Address: _____ Telephone : (____) _____

INDIVIDUAL ABILITIES:

All campers must be between the ages of 6 and 18. Horseback riding is arranged depending on the camper's individual ability.

Please describe briefly your camper's horseback riding experience:

Please describe briefly your camper's goals for horse camp:

Please describe your desired schedule.

CLOTHING AND EQUIPMENT

If camper has a riding helmet, please bring it. Otherwise, one will be provided.

Below is a minimum list of items for one week of camp. Please send durable clothes and **label** all items with camper's name.

- ___ 2 pairs of jeans/long pants
- ___ 2 pairs of shorts
- ___ 1 bathing suit
- ___ 1 hat/cap
- ___ 5 shirts/blouses
- ___ 1 raincoat
- ___ 5 pair of socks
- ___ 5 sets of underwear
- ___ 2 pair of pajamas
- ___ 1 pair of tennis shoes, 1 pair of boots
- ___ Toothbrush, toothpaste, deodorant, soap, sun screen, mosquito/bug repellent
- ___ Addressed/stamped postcards or envelopes, paper, pen/pencil (*optional*)

MEDICAL INFORMATION

PHYSICAL LIMITATIONS/RESTRICTIONS: list below

DIETARY RESTRICTIONS: _____ None _____ Yes, as circled or listed below

Red Meat Pork Dairy Products Poultry Seafood Eggs Milk Peanuts

Other _____

Special needs: (check those that apply and explain)

_____ Allergies _____ Diet _____ Other

_____ Asthma/Breathing _____ Hearing

Explain: _____

MEDICATIONS: _____ None _____ Yes, as listed below

Name of Med. _____ Dosage: _____ Given at: _____

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CAN YOUR CAMPER SWIM? _____ Yes _____ No

INSURANCE INFORMATION:

Indicate Name of Insurance Carrier or Plan: _____ Policy/Group#: _____

Name of Insured: _____ Relationship to Camper: _____

ALLERGIES: List all known including those to food: Describe reaction and management of reaction.

I, as the camper or parent/guardian of camper, hereby give permission for Boomer's Landing staff to provide any necessary treatment or emergency care and to provide/arrange necessary transportation for the camper in the event I cannot be reached in an emergency. I hereby give permission to the medical personnel to secure and administer treatment including hospitalization for the camper.

Signature of parent/guardian or adult camper: _____ Date: _____