

**Print, fill out and return this form to:**

Boomer's Landing  
7885 Cropper Rd  
Pleasureville, Ky 40057  
Website: [www.BoomersLanding.net](http://www.BoomersLanding.net)  
Email: [BoomersLanding@yahoo.com](mailto: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 each day of camp. Please send durable clothes and **label** all items with camper's name.

- \_\_\_\_ sunscreen
- \_\_\_\_ sack lunch
- \_\_\_\_ water bottle
- \_\_\_\_ 1 swimsuit
- \_\_\_\_ 1 towel
- \_\_\_\_ 1 riding helmet (we will provide if child does not have one)
- \_\_\_\_ 2 pairs of jeans/long pants
- \_\_\_\_ 2 pairs of shorts
- \_\_\_\_ 1 pair of tennis shoes; 1 pair of boots; 1 pair of sandals/flip-flops
- \_\_\_\_ 3 pair of socks

## 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: \_\_\_\_\_

Name of Med. \_\_\_\_\_ Dosage: \_\_\_\_\_ Given at: \_\_\_\_\_

Name of Med. \_\_\_\_\_ Dosage: \_\_\_\_\_ Given at: \_\_\_\_\_

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: \_\_\_\_\_