



## 2024 SUMMER CAMP REGISTRATION

**Pricing:** One-week sessions \$585    B/A Care \$125  
Two-week sessions \$1,200    B/A Care \$250

**Today's Date:** \_\_\_\_\_

### CAMPER INFORMATION

Camper Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Alt. Parent/Guardian

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### CAMP SESSION (circle below)

**Andover Equestrian Center:** 1-Week Sessions / 9am - 4pm (Linthicum Heights, MD)

- Session 1: June 17 - June 21
- Session 2: June 24 - June 28
- Session 3: July 8 - July 12
- Session 4: July 15 - July 19
- Session 5: July 29 - August 2 (Advanced Camp)
- Session 6: August 5 - August 9
- Session 7: August 12 - August 16

**Andy Smith Equestrian Center:** 1-Week Sessions / 9am - 3pm (Annapolis, MD)

- Session 1: June 17 - June 21
- Session 2: June 24 - June 28
- Session 3: July 8 - July 12
- Session 4: July 22 - July 26
- Session 5: August 5 - August 9
- Session 6: August 19 - August 23

**Columbia Horse Center:** 2-Week Sessions / 9am - 4pm (Columbia, MD)

- Session 1: June 17 - June 28
- Session 2: July 8 - July 19
- Session 3: July 22 - August 2
- Session 4: August 12 - August 23

## EMERGENCY CONSENT FORM

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I hereby authorize the Morningside Stables, LLC staff to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

### CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the Parent, Guardian or Emergency Contact individual indicates is unable to be reached.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

### NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If a non-consent plan is selected, please indicate preference below.*

\_\_\_ The parent or legal guardian shall remain on site at all times while the rider/volunteer is receiving services on the property.

\_\_\_ In the event that emergency treatment/aid is required, I wish the following procedure to occur:

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## YOUTH CAMP HEALTH HISTORY CAMPER

Child's Name: \_\_\_\_\_

Current residence: \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Emergency Contact  
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2nd Emergency Contact  
(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician or  
other provider of medical care: \_\_\_\_\_ Phone: \_\_\_\_\_

### HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? ☐ NO

☐ YES, Explain: \_\_\_\_\_

\_\_\_\_\_

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? ☐ NO

☐ YES, Explain: \_\_\_\_\_

\_\_\_\_\_

### IMMUNIZATION INFORMATION: **Must list current residence above.**

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? ☐ NO

YES, List: \_\_\_\_\_

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature  
MDH-4768 (12/2017)

Date