

**Wind Horse Awareness Adventure Camps for Kids
2008 Application for Registration**

Please Read and Print Clearly

I hereby give permission for my child: _____
Birth date _____, sex _____, weight _____ to participate fully in the 2008 Wind Horse Awareness Day Camp Adventures session (listed below) held at TRAK, 3230 North Craycroft Rd, Tucson, AZ 85712.

Please check appropriate session

- ___ March 8, 15, 22, 29 Camp (ages 8-12) Cost \$300
- ___ April 5 Camp (parent) Cost \$100
- ___ May 3, 10, 17, 24 Camp (ages 5-7) Cost \$300
- ___ June 7, 14, 21, 28 Camp (ages 13 and up) Cost \$300

I understand that:

1. My child will be working with and around horses, an inherently dangerous activity.
2. My child must be the appropriate age at the time of camp to participate fully.
3. My child must follow the rules of safety and conduct as laid out and explained by Wind Horse Awareness Staff. All children will receive two warnings before having to leave camp.
4. There are no refunds for children who are asked to leave camp due to behavioral issues or who become ill or injured.

If my child were to require immediate medical attention he/she will be transported to Tucson Medical Center, 5301 E Grant Rd, Tucson, AZ unless I have listed an alternative facility here: _____ and I will be contacted as soon as possible.

In the event that I can not be reached, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment.

I hereby give the Wind Horse Awareness staff and/or volunteers permission to transport my child as needed for camp activities and in the event that my child would need medical care and an ambulance is not required.

Mother's name: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Father's name: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Person to contact if parents can not be reached: _____ Phone: _____
Family Physician: _____ Phone: _____
Insurer: _____ Policy number: _____

****Please attach a copy of your insurance information with this registration form.****

Date of last tetanus vaccination: _____

Is the child on any medications and if so, for what? _____

Does the child have any food allergies? _____

To reserve your child's spot, mail registration form, liability waiver and payment, to:
(Please make checks payable to Sarah Sander)

Wind Horse Awareness Adventure Camps for Kids
c/o Sarah Sander
5425 East Broadway Blvd, #190
Tucson, AZ 85711

Registration Policies:

- Payment must be submitted with the registration/liability forms and is not refundable unless a replacement is found for your child's spot at camp (minus a \$50 administration fee).
- Registration deadlines are two weeks prior to the start of a camp session.
- Unless you indicate otherwise, the act of registering your child for camp grants permission to take photos of your child for possible use on promotional materials.

By signing below, you agree to and understand all policies listed above.

Parent/Guardian signature: _____ Date: _____

Printed name of parent/guardian: _____

To be added to our mailing list, please furnish an e-mail address: _____

If you are new to Wind Horse Awareness Day Camp Adventures, please describe your child's horse experience:

Comments on how to enhance your child's camp experience:

How did you hear about Wind Horse Awareness Day Camp Adventures?

Wind Horse Awareness Adventure Camps for Kids - at TRAK
3230 North Craycroft Rd
Tucson, AZ 85712
520-749-1663
www.windhorseawareness.com