



# GRISON CAMP

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[www.grison.com](http://www.grison.com)

## Registration form - Summer 2008

Camper Name : _____ Age : _____ Gender : _____	
Parent info: Name : _____	
Address : _____	
City : _____	Zip Code : _____
Camper Email : _____ @ _____ ( For further Information)	
Father's phone	Mother's phone
Home :	Home :
Work :	Work :
<b>Fax :</b>	<b>Fax :</b>
Cell. :	Cell. :

Experience with Horses ? : \_\_\_\_\_ First camp ? \_\_\_\_\_

Number of weeks at our camp: \_\_\_\_\_ Date : \_\_\_\_\_

### **Registration fees** (If payment in US FUNDS – Deduct 10 % from CDN price)

**Total Amount** :\$ \_\_\_\_\_ **Incl. TAXES**

**Extra lesson** :\$ \_\_\_\_\_ ( If you wish ) →

**\*Deposit 50%** :\$ \_\_\_\_\_ ( Send with registration )

**Balance due** :\$ \_\_\_\_\_ ( Please post date June 1 and send with registration)

- Any Extra Riding Lesson \$ 30.00
- Any Extra Trail Ride \$ 25.00
- Any Extra Vaulting lesson \$ 20.00
- Grison Camp T-Shirt \$ 20.00

I have learned about *Grison Camp* by:

- Internet (\*please specify)
- Newspaper (\*please specify which one)
- AHR (Magazine)
- Equine Event (\*please specify)
- T-Shirt
- Friends and family
- Other (please specify)

Please specify here : \_\_\_\_\_

# GRISON CAMP HEALTH FORM

This form must be completed and signed by the participant's legal guardian. The information we ask you to provide is necessary in the event your child needs medical treatment while camp is in session. **This form will be returned to you if it is incomplete.**

## PARTICIPANT INFORMATION

Participant's Name \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
City/State/Prov/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

## MEDICAL EMERGENCY CONTACT INFORMATION

Person to contact first: \_\_\_\_\_ Backup contact (relative or friend): \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Relation \_\_\_\_\_ Relation \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

## MEDICAL TREATMENT CONSENT

I accept all financial responsibility related to the health and security of my child ( ambulance, medications, etc.). I also declare that all information given in this document are true and that I believe my child to be in good health and able to participate in the activities of a summer camp. The child also takes responsibility to a "no smoking" policy, on the premises of Grison farm. The direction reserves all rights to return the child to his home while at Grison Camp, and this, without refund of monies, if his behaviour is deemed unacceptable in the best interests of Camp Grison.

DOES THE PARTICIPANT CURRENTLY HAVE ANY OF THE FOLLOWING?

NO  YES  (if yes, please describe)

Drug allergies: \_\_\_\_\_ Food allergies: \_\_\_\_\_  
Allergies to insect bites: \_\_\_\_\_ Special dietary needs: \_\_\_\_\_  
Asthma: \_\_\_\_\_ Frequent headaches: \_\_\_\_\_  
Dizziness \_\_\_\_\_ or seizures: \_\_\_\_\_

**LIST:** Other health problems: \_\_\_\_\_  
Limitations of Activities: \_\_\_\_\_  
Medications the camper is currently taking: \_\_\_\_\_  
\_\_\_\_\_

Will your son/daughter require any specific treatment for a medical/emotional condition while participating in our program? If yes, please explain.  
\_\_\_\_\_

### Please note:

Our staff cannot administer any medications, prescription or non-prescription to campers. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the camper will need to take medications while attending our program, s/he must bring the medication to camp and assume responsibility for taking it as needed or indicated.

## MEDICAL HISTORY

IMMUNIZATION DATES:

Measles \_\_\_\_\_ Hospitalizations in the past 5 years: Describe \_\_\_\_\_  
Mumps \_\_\_\_\_ \_\_\_\_\_  
Rubella \_\_\_\_\_ \_\_\_\_\_  
OR MMR \_\_\_\_\_ \_\_\_\_\_  
Last Tetanus \_\_\_\_\_ \_\_\_\_\_  
(DPT, TT or TD) Polio Series completes \_\_\_\_\_

Signature

Print Name

Date