Blue Moon Ranch

Summer Camp Horsemanship Registration Form



Location: 4605 CR 134, Wildwood, FL 34785/Phone: 352.578.4947

Mailing Address: 4841 NE 76 Way, Wildwood, FL 34785

Participant's Name		
	Please Print	Office use only!
Date of Birth Age	_ School Grade in Fall	·
		Deposit amount:
Participant's Address		Check #: Rec. #
Street City	ZIP	Clieck # Nec. #
E-Mail Address		Date:
Parent/Guardian		Balance Due
Home Phone ()		Date Paid
Work/Cell ()		Check #: Rec. #
Emergency Contact		All balances are due 3 days prior to camp.
Home Phone ()		
Work/Cell ()		
Ch	noose a day camp session:	
\$250/Week All Day—All balances are due three \$50/Half Day or \$200/Week for Half Day All day advanced payment (one month prior to (pick-up time is noon) advanced payment is \$1 You may choose more than one camp session;	o the beginning of the session. 75 for a full week however, a \$50 deposit is i	on) is \$225 for a full week and half day
Each participant must have completed the first	i grade.	
Session 1: June 5 – 9		Session 5: July 10 – 14
		(half-day morning session only)
Session 2: June 12 – 16		Session 6: July 17 – 21
		(half-day morning session only)
Session 3: June 19 – 23		Session 7: July 24 – 28
Session 4: June 26 – 30		(half-day morning session only)
Jession 4. June 20 30		
Registration paperwork will also be handled or	nline at <u>kwwildwood@aol.c</u>	om or call D'Anne at 352-578-4947

Health History

<u>Allergies:</u> Please list all allergies, the type of reaction and its severity, treatment and date of last reaction. Include allergies to medications, food, bees, animals, plants, etc.

Allergy	Reaction/Severity	/	Treatment	Date of last reaction
•	ffer from Anaphylaxis ? Ye			
(Anaphylaxis is a sev	ere allergic reaction marked	by swelling	of the throat or tongue, h	ives, and trouble breathing.)
Does your child car	rry an EpiPen ? Yes	No /I	Does your child carry ar	inhaler? Yes No
	<u></u>	· · · · · · · · · · · · · · · · · · ·		*******
Medical Condition	s: (include any precaution	s or restrict	cions on ranch activities)
Name of Condition	on		Effects	

	any medications your child		, -	•
instructions for use	e. Medication that comes	to the rand	n must be in its original	bottle or packaging.
Medication	Dosage Schedule		Specific Ins	structions
-	ve a special medical or die	tary regime	ent to be followed? Yes	5 No
If yes, please expla	in:			
Any other informa	tion not covered in this for	rm that is ir	nportant for us to know	/ :
My child has perm	ission to engage in all pre	scribed act	ivities, except as indica	ited above by me.
, : : : : : : : : : : : : : : : : : : :			, -	
.	. (2			
Signature of Paren	t/Guardian:			Date:

<u>Drop off is 8:30 -9:00 a.m. for full and half day.</u> <u>Pick up is 4:00 – 4:30 pm. for full day and noon for half day.</u> <u>Please arrive no later than 4:30 p.m. for check out.</u>

Please bring a Photo ID (driver's license) with participant, please list <u>ALL</u> persons allowed t	n you to pick up your child. To maintain safety of the to pick up your child.
Authorization for Medical Treatment of N	Minors:
the event an emergency should arise, wherek hospitalization, permission is granted to a rep for necessary care. I understand that every e	medical treatment from the Blue Moon Ranch Staff. In by my child should need medical attention or presentative of Blue Moon Ranch to grant authorization ffort will be made to contact me. In the event my child ek/day, I as parent/guardian do understand that a refund
Signature of Parent/Guardian:	Date:
**********	***************
Photo/Audio/Video Release:	
photographs, audio, and video's for which he assigns or successors, in whatever way they need television; furthermore, I hereby consent that	hereby consent that the /she poses/speaks may be used by Blue Moon Ranch, its nay desire, including audio/video productions and t such shall be their property, and they shall have the other uses of such as they may desire, free and clear of
Signature of Parent/Guardian:	Date:

Transportation Release:	
I being parent/guardian of	_ hereby give permission to Blue
Moon Ranch Staff to transport my son/daughter to and from different participate in these activities.	rent locations for activities and to
Signature of Parent/Guardian:	Date:

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Summer Day Camp Horsemanship Registration Form

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Summer Day Camp Packing List

- Jeans/long pants to ride in
- Shorts to play in
- · Extra set of clothes
- Closed toed shoes/boots to ride and play in
- · Flip flops for beach, boat, and swimming
- Towel
- Sunscreen
- Bug spray (we keep first aid items, but NOT bug spray)
- <u>Lunch and personal snacks</u> (the ranch provides a snack in the afternoon, a cold drink, and cold water all day)
- Personal water bottle with name on it
- · Personal helmet if you have your own
- Hat, sunglasses, and other personal items optional
- Cell phones, IPads, and other electronics are not allowed, They get in the way of our program and can get lost too easily. We have emergency numbers and your child can use our phone if there is an emergency.
- The ranch is not responsible for lost or stolen items