



2010 Summer Equine Experience Participant Application

830 Prescott Street, P.O. Box 2003

www.kemptvillecampus.ca Phone: 613-258-8336 Ext. 61234 Fax: 613-258-8384

Session requested: July 11th - 18th August 15th - 22nd

Participant Name

_____ surname _____ middle _____ first _____

Date of Birth _____ Age _____
month/day/year

Home Address _____

City _____ Province or State _____

Country _____ Postal/Zip Code _____

Summer Telephone _____ Cell Phone _____

How did you hear about us? Friends Internet University Booth Family
Stable where I Ride Name _____ Advertisement

PARENT INFORMATION

_____ Mother's last Name _____ Mother's First Name _____

_____ Father's Last Name _____ Father's First Name _____

Mother's Home Telephone _____ Father's Home Telephone _____

Mother's Business Phone _____ Father's Business Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

MEDICAL INFORMATION

Emergency contact if parents cannot be reached during child's stay at camp.

_____ Name/Relation to camper _____ Telephone _____

ONTARIO HEALTH CARD NUMBER _____ Exp _____

Other Medical Coverage _____

Doctor's Name _____ City _____ Phone _____

Date of last tetanus _____

Allergies-list any known and severity

Drugs(specify) _____ Food(specify) _____

Bees/Insects _____ Environmental (Hay Fever) _____

Will be bringing an Epi-Pen to camp? yes no For _____

If yes, does your child know how to use it? **Yes** **No**

Camper's bringing their own Epi-Pen to camp must bring a fanny pack to carry it in.

Is camper bringing medication(s) to camp?

Please indicate any current medial concerns such as asthma or bed wetting, etc. Detail the condition and indicate if it poses any restrictions to camp activities. List any medications to be administered at camp and be sure to bring original prescription container and letter of consent which provides details and dosage. The medication should be checked in at the office during registration.

Please include any information about behavioural history in the child's family or school atmosphere that should be brought to our attention.

Please be sure to check the expiry date of all inhalers, medications and Epi-Pens prior to camp.

Dietary concerns-lactose/vegetarian/vegan

If needed my child may be given:

Tylenol	Yes	No
Advil	Yes	No
Gravol	Yes	No
Benadryl	Yes	No

Room Request: If you already know your preferred room mate please write their full name

Participant Agreement and Acknowledgement

Unless I advise you otherwise in advance in writing, I approve of my child's participation in all of the camp's programs and activities, and acknowledge that such participation involves risks and hazards incidental thereto, all of which are expressly assumed by me. I hereby waive, release, absolve and agree to indemnify and save harmless University of Guelph: Kemptville Campus and its' Directors and employees. I agree that having such taken precautions as in your discretion are considered advisable; you shall not be held responsible for any accident or sickness to my child. Should my child require emergency medical attention, I hereby consent for her to receive examination and treatment. All reasonable attempts will be made to contact the parent or guardian prior to any treatment. I agree to be responsible for any expenses incurred including, but not limited to dental, pharmaceutical, and transportation costs. University of Guelph: Kemptville Campus will not be responsible for any loss or theft of camper's property. I hereby consent that University of Guelph: Kemptville Campus may use any photos or video taken of my child for promotional materials. I understand that University of Guelph: Kemptville Campus is NOT a peanut free environment. Information on this application is kept private and confidential, it is not released to a third party.

Parent/Guardian signature _____ Date: _____

Please print above name _____

