

CAMP HEBRON HORSE CAMP HEALTH FORM *Print legibly and complete all information below.*
THIS FORM MUST BE RETURNED TO CAMP HEBRON INC., 957 CAMP HEBRON RD., HALIFAX, PA 17032 *by the date on the Prepay Statement.*

NAME OF CAMPER _____ SEX _____ BIRTHDATE ____/____/____ AGE _____

LIST CAMP(S) ATTENDING _____ SS# _____ - _____ - _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE #'s: day (____) _____ cell (____) _____

WHO TO CONTACT IN CASE OF EMERGENCY (PLEASE FILL IN ALL 3 NAMES & NUMBERS):

1st PARENT PHONE day (____) _____ night (____) _____ cell (____) _____
 name _____ relationship to camper _____
 2nd PARENT PHONE day (____) _____ night (____) _____ cell (____) _____
 name _____ relationship to camper _____
 3rd CONTACT PHONE day (____) _____ night (____) _____ cell (____) _____
 name _____ relationship to camper _____

HEALTH HISTORY: *(Check any affecting camper, giving approximate dates. Leave blank if camper has no history of listed affliction.)*

Frequent Ear Infections _____ ADD/ADHD _____ Asthma _____ H1N1 _____
 Heart Defect/Disease _____ Depression/Anxiety _____ Diabetes _____ Date of tetanus _____
 Seizures _____ Eating Disorder _____ Mononucleosis _____ booster: _____
 Can the camper swim? YES NO Does the camper sleep walk? YES NO Is the camper prone to bedwetting? YES NO

If necessary, continue explanations of any below queries on a separate, attached piece of paper, referencing query number below.

1. List any disability, psychiatric condition, or chronic illness, including dates: _____
2. If camper has received medical care or advice for a disease or condition in the last 90 days, write YES at right and explain on attached page: _____
3. If camper has been exposed to contagious diseases in the last 4 weeks, write YES at right and explain on attached page: _____
4. List camper allergies (Medication, Food, Bee Stings, Animals, Etc.): _____
5. List any **medically necessary** dietary modifications: _____
6. List any activity restrictions while at camp: _____
7. Describe any other physical, developmental, or emotional conditions of which the camp first aid consultant or camper's counselor should be made aware: _____

MEDICATIONS TO BE ADMINISTERED AT CAMP: *(For additional medications, use separate, attached piece of paper.)*

MEDICATION	DOSAGE	TIMES GIVEN

Family Physician: _____ Phone (____) _____

This health history is correct so far as I know, and the person listed above has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the Camp Hebron staff to provide ongoing health care and supervision for the person listed above. I understand that effort will be made to reach me in an emergency. In the event I cannot be reached in an emergency, I hereby give permission for Camp Hebron personnel to secure proper treatment for and/or hospitalize the camper. I authorize this form to be photocopied and/or faxed for medical use. **By my signature below, I verify that I am custodial parent or legal guardian of this camper.**

SIGNATURE OF PARENT/GUARDIAN _____

PRINTED NAME OF PARENT/GUARDIAN _____
PLEASE COMPLETE OTHER SIDE

DATE _____

**CAMP HEBRON HORSEMANSHIP PROGRAM
AGREEMENT TO PARTICIPATE AND LIABILITY RELEASE**

Horsemanship programs are exciting and rewarding for participants. As a participant you will be challenged in many ways. It is our hope and desire that through this experience you will have the opportunity to build self-esteem, develop better horsemanship skills, and learn about yourself in a new way. With these challenges there is a potential for injury. We are committed to safety and strive to do what we can to prevent harm.

In agreeing to participate in HORSEMANSHIP ACTIVITIES, I recognize that certain dangers exist. These include, but are not limited to, bodily injury or death from:

- the propensity of a horse to behave in dangerous ways, which may result in injury or death to a participant, a bystander, or damage to property.
- the inability to predict an equine's reaction to sound, movements, objects, persons, or animals.
- hazards of surface, subsurface, barn, arena, trail, and horse-related facility conditions.
- the experience level of any participant.
- a known or unknown health condition of any participant.
- the condition and age of the equipment or tack.

I acknowledge the need to follow instructions, to obey rules, and to learn thoroughly the practices and procedures of the various activities.

I also acknowledge the need for proper attire and will outfit myself accordingly.

My signature below indicates my understanding of the inherent risks in this experience, and my continued willingness to participate.

LIABILITY RELEASE

I understand that Camp Hebron, Inc. and its agents shall assume no responsibility or liability for me for accident, illness, or loss of personal property, and I acknowledge and assume all risks inherent in the activity. I hold Camp Hebron Inc. and staff harmless for any and all liability, negligence, action, claim, and damage of every kind and nature whatsoever. My signature on this document is also intended to bind my heirs, representatives, executors, administrators, successors and assigns.

Participant's signature _____ Participant's printed full name _____ Date _____

If the participant is 18 or younger we require the signature of their custodial parent or legal guardian.

My signature below indicates my understanding of the inherent risk and details stated herein and my continued willingness to allow my child to participate in this activity. I verify that I am a custodial parent or legal guardian of this camper.

Parent's signature _____ Parent's printed full name _____ Date _____

COMPLETE REVERSE SIDE OF FORM