

ISLEY QUARTER HORSES SUMMER CAMP

WEEK OF JULY 6th, JULY 20th, JULY 27th
(PLEASE CIRCLE)

General Information:

Child's Name: _____
Age (as of June 1, 2008): _____ Date of Birth: _____ Sex: Male/ Female (Circle)

Parents/Guardians with whom child resides:

Names: _____ Home Phone #: _____
Complete Home Address: _____

Work Information:

Mother's Work Place: _____ Phone #: _____
Address: _____ Work Hours: _____
Father's Work Place: _____ Phone #: _____
Address: _____ Work Hours: _____
Other Info: _____

Persons authorized to pick up child: Any changes must be made in writing.

1. _____ Phone #: _____
2. _____ Phone #: _____
3. _____ Phone #: _____
4. _____ Phone #: _____

Child's Physicians:

Name: _____ Address: _____ Phone #: _____

Emergency Contact Information: Please list two people we could contact in case of emergency or illness, when parents & guardians are not available. Please list phone # where they may be reach during summer camp hours.

Name: _____ Address: _____
Phone #: _____ Relationship to child: _____
Name: _____ Address: _____
Phone #: _____ Relationship to child: _____

PLEASE MAIL IN WITH \$ 100 NON-REFUNDABLE DEPOSIT.
ANY QUESTIONS PLEASE CALL JOY ISLEY 449-7585

Medical History

1. Allergies: Check all that apply and specify nature of reaction.

Animal Food Hay Fever Medicines
 Pollen Insect Stings Other: _____

Explain: _____

2. Previous Diseases: Check all that apply.

Chicken Pox German measles Measles Mumps

3. Illness and Injury: Check all that apply

Ear Infection Diabetes Asthma Hypertension
 Heart Disease Seizures Other: _____

4. Other Conditions: Check all that apply.

Motion Sickness Nosebleeds Hearing Impaired Fainting
 Emotional Disturbance Wear glasses/contacts Sickle cell trait/disease
 Other: _____

5. Additional Information:

Date of last examination: _____ Date of last Tetanus shot: _____

Are there any foods or drinks that your child cannot eat or drink? _____

Does your child have any physical activity restrictions? _____

6. Immunization History: Check all immunizations received.

DIP Polio Measles Rubella Mumps

I hereby verify the above information is correct and can be verified.

Parent/Guardian Signature: _____

Parental Agreement

Isley Quarter Horses Summer Camp 2009

1. I understand that I must pay the balance owed for the camp on the Monday of the week attending.
2. I understand that the program begins each day at 9am and ends at 5pm and I further understand that if my child needs to be there outside of those hours that prior arrangements with Isley Quarter Horses will be made.
3. I further understand that if my child is picked up later than 5:00pm there will be a charge of \$5.00 for every 30 minutes after that time.
4. I understand that I must sign my child in and out each day with a representative of Isley Quarter Horses.
5. I understand that if a medical emergency arises the staff will contact a parent or guardian first. If they cannot be reached the staff will contact the child's doctor. If the emergency is such that immediate hospital attention is necessary, the staff will have my child transported to the hospital.
6. I understand that I will be called to pick up my child/ren who may become ill or who are displaying disruptive behavior.

The camp will have a 3-strikes policy for disruptive behavior:

1. 1st incident will result in a warning and a talk with the parents.
2. 2nd incident will result in some quiet time away from horse activities.
3. 3rd incident will result in suspension with no refund.

Being at a horse farm can be very dangerous if children do not listen and do not do as they are told, this is for the safety of all involved.

7. I understand that my child/ren will be responsible to bring their lunch each day and a change of clothes and towel. We will have some water games in the late afternoon to cool off. Snacks and water will be provided.

We look forward to a fun week with your child, should you have any questions or concerns please don't hesitate to call. Joy Isley - 336-449-7585

Signature of Parent

Date