



Camper Application

Name: _____ Date of Birth: _____
Age: _____ Gender (Circle One): Male Female
Street Address: _____

City: _____ State: _____ Zip Code: _____
Home Phone: _____ Camper Cell Phone: _____

Parent/Guardian Information

Name: _____ Relationship to Participant: _____
Street Address: _____

City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Is the Above Person Authorized to Pick-Up My Child at the End of camp or in the Event of an Emergency: Yes or NO

Parent/Guardian 2

Name:

Relationship to Participant:

Street Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Is the Above Person Authorized to Pick-Up My Child at the End of camp or in the Event of an Emergency: Yes or NO

Emergency Contact Information

The first attempt will be made to contact the camper's parents/guardians. Emergency Contact listed below must be able to pick your child up in the event of an emergency.

Emergency Contact 1

Name:

Relationship to Participant:

Home Phone:

Cell Phone:

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency: Yes or No

Emergency Contact 2

Name:

Relationship to Participant:

Home Phone:

Cell Phone:

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency: Yes or No

HEALTH INFORMATION FORM

Participant Name:

List any specific medical conditions or behavioral problems?

List any allergies:

List any activities in which your child may not participate:

List any conditions or specific needs that require special attention:

List any medication your child will need to take during camp hours:

Medication:	Time:
Medication:	Time:
Medication:	Time:

(Please pack all medication in a sealed container, clearly labeled with Name, Medication, Dosage and Time to be given)

I, _____ as parent/guardian, authorize Freedom Ranch personnel to seek emergency treatment as required and to transport my child to the appropriate medical facility in the event that urgent/emergency care is necessary.

Please include a copy of your health insurance card in the case of such an event.

The information listed on this health information form is correct to the best of my knowledge, and the camper described herein has permission to engage in all prescribed camp activities, except as noted on this form.

Signature _____ Date _____

(Signature Required)

Terms and Conditions of Enrollment

- 1 . Proper enrollment for Freedom Ranch includes the following paperwork completed and up to date: **Camp application, Health Information Form, Insurance information and signed release.**
2. I am aware that my child must follow the rules and regulations of Freedom Ranch and may be asked to leave if he or she does not comply.
3. I hereby consent to the taking of photographs, movies, Internet use, and videotapes, Of my child by Freedom Ranch Ministries Inc. or its designated representatives. I also grant the right to edit, use, and re-use said products for any and all educational, public service, or not for profit purposes selected by Freedom Ranch Ministries Inc. and release any and all rights, title, and interest we or the child may have in said products.
4. Freedom Ranch Ministries Inc. is not responsible for any personal Items that are lost stolen or damaged while attending camp.
5. Under Tennessee Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee Code Annotated, title 44, chapter 20
6. I reviewed the application and all the information provided is accurate and true. I agree to the terms and conditions.
7. At Freedom Ranch, your child's safety and positive experience is our top priority.

Legal Guardian:_____ Date: _____