

**El Dorado County 4-H Horse Camp  
Camper Information and Authorization Form**

**Camper Name:** \_\_\_\_\_ **Club:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**PARENT CONTACT INFORMATION**

**Parent Name:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

In addition to the Youth Medical Release Form, please tell us the following about your child:  
At Camp will your child have any medical needs, or will they be taking any medications?  Yes  No

If Yes, Please Explain: \_\_\_\_\_

Please understand that all medication will be kept by camp director, and will be dispensed as scheduled.

Does your child have any allergies?  Yes  No

If Yes, Please Explain: \_\_\_\_\_

Does your child have any food allergies or special dietary needs?  Yes  No

If Yes, Please Explain: \_\_\_\_\_

**Authorization**

As parent or guardian of the 4-H member attending this camp, I understand that I am solely responsible for any claims, damages, or losses caused by or to the horse mentioned on the "Horse/Pony Information Sheet." The horse/pony and it's equipment is brought to camp at the 4-H member and parent/guardian's own risk, and is subject to all the rules and regulations of the camp.

Parent/Guardian (signature) \_\_\_\_\_ **Date:** \_\_\_\_\_

Camper (signature) \_\_\_\_\_ **Date:** \_\_\_\_\_

**HORSE PROJECT LEADER INFORMATION**

This 4-H member has completed his or her 4-H year by turning in a completed Record Book. I have personally seen this member and the horse/pony that he/she is bringing to Horse Camp and they work well together. The horse/pony has been safety checked by the project leader.

This member is in good standing in the above listed 4-H Club this year:

Horse/Pony Name: \_\_\_\_\_

Riding ability level (check one)  Novice  Junior  Senior

Horse Project Leader's Comments (if any): \_\_\_\_\_

Horse Project Leader Signature \_\_\_\_\_ **Date:** \_\_\_\_\_