



# Vintage Valley Sporthorses LLC

## Summer Equestrian Camp ENROLLMENT FORM

STUDENT'S NAME: (Last) \_\_\_\_\_ (first) \_\_\_\_\_ (DOB) \_\_\_\_\_.

### PARENT/GUARDIAN

Name(s) \_\_\_\_\_ Relationship to Student: \_\_\_\_\_.

Address \_\_\_\_\_ City, State \_\_\_\_\_.

Zip \_\_\_\_\_ Email: \_\_\_\_\_.

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_.

### **EMERGENCY CONTACT INFORMATION**

Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_.

Phone: Hm: \_\_\_\_\_ Cell: \_\_\_\_\_ Wk: \_\_\_\_\_.

Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_.

Phone: Hm: \_\_\_\_\_ Cell: \_\_\_\_\_ Wk: \_\_\_\_\_.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_.

Health Insurance Company: \_\_\_\_\_ Policy:# \_\_\_\_\_.

Allergies or Special Medical Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

Emergency Care Authorization Signature: \_\_\_\_\_.

I understand that horseback riding is a high-risk sport. I hereby release and hold harmless the instructors, trainers, employees, and owners of Vintage Valley Sporthorses LLC and BW Farm LLC from all liability from accidents, damage, injury, or illness to horses, owners' employees, attendants, spectators, or any other persons or property- **WARNING:** Under Virginia law, an equine professional is not liable for an injury or the death of a participant in equine activities resulting from the inherent risks of equine activities.

### **Both parents / guardians MUST sign this release form:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Print name: \_\_\_\_\_



# Vintage Valley Sporthorses LLC

## Medical/Emergency Treatment Consent

I, \_\_\_\_\_, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, by medical doctors, hospitals or their authorized designees, as may in their professional judgment be necessary to provide for the medical, surgical or emergency care of my \_\_\_\_\_  
(relationship)(hereafter "dependent") - Full Name

I further give my consent to Vintage Valley Sporthorses Owners or Members, (hereafter known as VVS Team), who will be caring for my dependent for the period \_\_\_\_\_ through \_\_\_\_\_, to arrange for routine or emergency medical care and treatment necessary to preserve the health of my dependent. In the event that my dependent is injured while under the care of Vintage Valley Sporthorses LLC, Team, I hereby give permission to the VVS Team to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my dependent, I direct that the caregiver attempt to contact me. However, if medical care becomes essential, I give permission to VVS Team to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my behalf for the benefit of my dependent, I authorize the VVS Team to request, obtain, review and inspect any and all information bearing upon my dependent's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name of dependent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Health Insurance Carrier

\_\_\_\_\_  
Date of last tetanus booster

\_\_\_\_\_  
Health Insurance Policy # and Group #

\_\_\_\_\_  
Current Medications

\_\_\_\_\_  
Personal Care Physician

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name Date



# Vintage Valley Sporthorses LLC

Summer Equestrian Camp  
Medical information and release

**CAMPER:** \_\_\_\_\_

Camp Session Date: \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION**

**Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Zip** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**EMERGENCY CARE AUTHORIZED:** \_\_\_\_\_

**Relationship to Camper:** \_\_\_\_\_

**City, State** \_\_\_\_\_

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**EMERGENCY CONTACT:**

Contact 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact 2: \_\_\_\_\_

Phone: \_\_\_\_\_

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**PHYSICIAN AND MEDICAL INFORMATION**

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Policy: \_\_\_\_\_

Allergies or Special Medical Instructions: \_\_\_\_\_

\_\_\_\_\_

