

Western Heritage Cowboy Church Horse Camp

Name _____ Age _____ Boy _____ Girl _____

Parent/Guardian Name: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Daytime or Cell Phone _____

E-mail _____

- 1) **A WHC Registration form and a Minor Release form are needed for each child participating**
- 2) **Payment MUST be made prior to camp date - \$30**
 - Accepted forms of payment are:
Cash, Check - payable to "Western Heritage Church", or
online payment

Basic First Aid Release

In case of a minor event, I give permission for my child to have basic first aid rendered as deemed necessary.

Emergency Release

In case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician selected to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above.

____My child has NO KNOWN allergies to medication.

____My child IS ALLERGIC to the following medication: _____

Furthermore, I release Western Heritage Cowboy Church of Irving, their owners, directors, employees and volunteers from any responsibility, liability, damages, accident or illness incurred by my child, arising from or related to my child's participation in any activity at or connected with the HORSEMANSHIP CAMP, an outreach of WESTERN HERITAGE COWBOY CHURCH.

X _____

Signature of Parent or Guardian Date

X _____

Printed Name