

**2009 Summer Camp
Registration Form**

Cowboy City Texas

19327 Belleau Wood Dr. Humble, Tx 77338
(281)852-8452 *

PLEASE PRINT. Complete all information.
Use N/A in areas which do not apply.

Camper's Information

Name _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Age _____ Boy ___ Girl ___

Parent's Information

Mom _____

Wk #: _____ Hm #: _____

Dad _____

Wk #: _____ Hm #: _____

If not available in an emergency, notify: _____

Name _____

Phone #: _____

Medical Information

Health History (Give approximate dates
of occurrences, mild or severe)

Frequent Ear Infections _____

Heart Defect / Disease _____

Convulsions _____

Diabetes _____

Bleeding / Clotting Disorder _____

Hypertension _____

Mononucleosis _____

Last Tetanus Shot _____

Physical Disabilities (describe) _____

Diseases

Allergies

Chicken Pox _____

Hay Fever _____

Measles _____

Poison Ivy _____

Mumps _____

Insects _____

Penicillin _____

ADHD _____

Asthma _____

Other _____

Food Allergies _____

Name of Family Physician

Phone #: _____

Insurance Carrier: _____

Ins. Phone #: _____ Policy #: _____

Due to the nature of activities at Cowboy City Texas, we do not have the accommodations to facilitate campers

with mental or physical disabilities. If full disclosure is not made in advance, the camp Director will be forced to

forced to

refuse the camper, and the parents will be required to pick up the camper immediately.

THIS FORM MUST BE SIGNED TO REGISTER
THIS HEALTH HISTORY IS CORRECT AS FAR AS I KNOW, AND THE
PERSON LISTED
ABOVE HAS PERMISSION TO ATTEND COWBOY CITY TEXAS, AND TO
ENGAGE IN ALL
CAMP ACTIVITIES EXCEPT AS NOTED. I HEREBY AUTHORIZE THE
EXECUTIVE STAFF
OR DESIGNATED MEDICAL PROFESSIONALS TO ADMINISTER
EMERGENCY MEDICAL
ASSISTANCE IF I CANNOT BE REACHED. I accept responsibility for the
payment of expenses
incurred as a result of medical treatment. I also release Cowboy City Texas,
Mike and Mary Wall,
and any staff from any liability person or property while my Son/ Daughter
attends Summer Camp.

I have read the Texas Equine Laws and understand the Ranch Rules.

DATE: _____ **Signature Mom:** _____ **& Dad:** _____

Week Scheduled : _____ **Dep. Paid:** _____ **Date:** _____

Deposit Amount \$150. (Nonrefundable)

After May 10th

Deposit Amount \$200. (Nonrefundable)

DAY CAMPER \$295. (monday-friday 8-5 daily)

You can bring your horse, tack and feed. We just need to see upon arrival, a clean original coggins. Owner will feed and clean stall. We will provide hay and water only.

HORSE: _____ **COGGINS:** _____

T-SHIRT/CAP _____ HELMET _____ SPURS/TACK _____

C/C : _____ #: _____ EXP. _____

CK # _____ CASH: _____ TOTAL: _____

C/C permission signature: _____

WEEKDATES _____ AGES _____ PD. Reg. _____ PD. Week *

__Wk#1 June 8-12 7-14 Coed _____

__Wk#2 July 6-10 _____

Photo Release: I authorize the use and reproduction by CCT of any and all photos, audiovisual materials taken of son, my daughter, or me for promotional, education or any other use of the Program.

***I do give consent _____**

***I don't give consent _____**