

COWBOY CITY TEXAS

19327 Belleau Woods Dr. Humble, TX 77338

Office: (281) 852-8452 * Fax: **281-852-4616**

PLEASE PRINT. Complete all information.

Use N/A in areas that do not apply.

CAMPER'S INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Birth date _____ Age ____ Boy ___ Girl ___

PARENT'S INFORMATION

Mom _____

Wk #: _____ Hm #: _____

Dad _____

Wk #: _____ Hm #: _____

EMERGENCY CONTACT:

Name _____

Phone # _____

HEALTH HISTORY (Give approx. dates of occurrences; mild or severe)

MEDICAL INFORMATION

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 _____

ADHD _____ Penicillin _____

Asthma _____

Other _____

Food Allergies _____

Name of Family Physician _____

Ph#: _____

Insurance Carrier _____

Ins. Ph. # _____ 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 refuse the camper, and the parent 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 liability person or property while my Son/Daughter attends summer camp at Cowboy City Texas.

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

Date: _____

Mom Signature: _____

Dad Signature: _____

Week Scheduled: _____ Deposit Paid: _____ Date: _____

Deposit Amount **\$150. Before May 10th (Nonrefundable)**

\$200. After May 10th (Nonrefundable)

Day Camp Amount \$395.

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

C/C: _____ **#:** _____ **EXP. DATE:** _____

CHECK # _____ **CASH:** _____ **TOTAL:** _____

2010 Summer Camp Schedule

June 7-11 7-14 Coed Day Camp M-F 8-5

June 21-25

July 5-9