

# Amy Hanssen Training Center Summer camp registration

Child's Name: \_\_\_\_\_

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

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

Emergency Contact name and phone number: \_\_\_\_\_

\_\_\_\_\_

## **Attendance, activities, and photos:**

I (parents name) \_\_\_\_\_ give my son/daughter permission to attend Amy Hanssen Training Center Summer Camp. My Child has permission to participate in horseback riding, field trips, arts & crafts, education, games and other daily activities as scheduled by the Training Center. I authorize Amy Hanssen Training Center to use photographs of my child for social media posts or the promotion of the center, including use on their website.

X Signature- \_\_\_\_\_ Date \_\_\_\_\_

## **Permission to Provide Necessary Treatment of Emergency Care:**

In case of a medical emergency, I understand that every effort will be made to contact the parents/guardians and or Emergency contacts. In the event that they may not be reached, I hereby give permission to the medical personnel selected by the director (Amy Hanssen) to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child.

X Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Allergies, food allergies, and medical conditions or concerns:**

My Child does NOT have any \_\_\_\_\_

My Child has the following: \_\_\_\_\_

\_\_\_\_\_