



HARRISON BIBLE CHURCH - RODEO BIBLE CAMP



REGISTRATION FORM

Camp June 5th – 8th, 2017

Send completed forms to: Harrison Bible Church, PO Box 387. Harrison, NE 69346

Camp is for campers entering grades 6th – 10th.

Each camper may bring only one horse due to limited space and safety reasons.
This horse will be used for the week of clinic time as well as for the rodeo performance.

Stalls are assigned prior to camp and your cooperation is appreciated.

Name _____ Cowboy _____ or Cowgirl _____

Address _____ City, State, Zip _____

Age _____ Birth Date _____ Grade in September _____

Parent/Grdn Name _____ Phone # Hm _____ Wk _____ Cell _____

Parent/Grdn Name _____ Phone # Hm _____ Wk _____ Cell _____

PARENT'S INSTRUCTION ON MEDICAL TREATMENT

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name _____ Phone # _____

Family Doctor _____ Phone # _____

Is your child presently on any medications? _____ If yes, please list medication(s), times of day and purpose.

Drug sensitivities or allergies _____ Other allergies _____

Reaction Symptoms _____

Please list any pertinent medical history, conditions or instructions here: _____

PLEASE FILL OUT MEDICAL WAIVER FORM AND PHOTO RELEASE FORM ON OTHER SIDE! THANK YOU!

HARRISON BIBLE CHURCH – JUNIOR RODEO BIBLE CAMP

MEDICAL WAIVER FORM

Release and Medical Authorization

In order for a child to participate in the Harrison Bible Church Junior Rodeo Bible Camp activities, a parent or guardian must sign this release and medical authorization.

Release and Liability

In consideration of the Harrison Bible Church Junior Rodeo Bible Camp, I grant the child permission to participate in the Rodeo Bible Camp. I hereby assume all risks of his/her personal injury that may result from Rodeo Bible Camp activity. As a parent/guardian, I do hereby release Harrison Bible Church, all instructors and all participants in said Rodeo Bible Camp program from liability; including but not limited to claims and suits at law or inequity, for any injury or damage to livestock and/or personal property which may result from the child taking part in Rodeo Bible Camp activities.

Parent/Guardian Signature Date

Medical Authorization

I hereby authorize and give my consent to the health authorities of Harrison Bible Church or any licensed physician or EMT to perform or administer any reasonable, necessary medical attention to:

Camper's Name

I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other changes in connection with child's attendance to this camp.

Insurance Company

Policy Number

Permission to Use Photograph

____ I/ We grant to Harrison Bible Church, its representatives and employees the right to take pictures of my son(s) or daughter(s) in connection with the above-identified subject. I authorize Harrison Bible Church to use and publish the same in print and/or electronically. I agree that Harrison Bible Church may use such photographs of my child(ren) with or without my name and for any lawful purpose, including for example such purposes as publicity, advertising, and web content.

____ I/ We DO NOT grant Harrison Bible Church, its representatives and employees the right to take photographs of my son(s) or daughter(s) in connection with the above identified subject.

I have read and understand the above:

Son's and Daughter's name(s) _____

Signature, parent or guardian _____ Date _____