

**Rensselaer County 4-H Horse Program Parental Release / Emergency Information Form**

Club Name \_\_\_\_\_ Date: \_\_\_\_\_

I hereby enroll my child(ren) in the Rensselaer County Cooperative Extension 4-H Program. My child(ren) and I have reviewed the county 4-H Horse Rules and enroll with the understanding that we are subject to these rules and regulations for county shows, events and activities. I fully understand the following children, their animals and equipment will participate at my own risk.

**Member Information:**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age as of Jan 1st \_\_\_\_\_

Any Medical Conditions? \_\_\_\_\_

Any Medications? \_\_\_\_\_

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Any Medical Conditions? \_\_\_\_\_

Any Medications? \_\_\_\_\_

In the event I (we) cannot be reached, contact (friend/relative) – please circle one.

Name: \_\_\_\_\_, phone/cell/work \_\_\_\_\_

**Parent/ Guardian Information:**

Home Phone \_\_\_\_\_, Work Phone \_\_\_\_\_, Cell Phone \_\_\_\_\_

Parent/Guardian Name/s \_\_\_\_\_

Address \_\_\_\_\_

Signature of  
Parent/Guardian \_\_\_\_\_