

**Registration Form- Camp WHOA 2019**



- Who can attend Camp WHOA? Any child between the ages of 9 and 14 years old and has an interest in horses. **MUST BE PHYSICALLY ABLE TO MOUNT AND SIT IN A SADDLE AND MENTALLY ABLE TO LISTEN AND FOLLOW INSTRUCTIONS.** Helmets **WILL** be worn during riding instruction.
- **COST** of camp is \$50 per child/\$45 for siblings. Registration forms must be turned in by May 24, 2019.
- *Sorry no refunds for cancellations.*
- Make checks payable to Camp WHOA. Please complete forms and send them to: Laclede Baptist Association, P.O. Box 1221, Lebanon, MO 65536

Name of Child \_\_\_\_\_  Girl

Child's Birthday \_\_\_\_\_ Child's Age \_\_\_\_\_  Boy

Child's Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List below the name(s) of person(s) responsible for child in the order of preferred contact in case of emergency, questions concerning medications, etc. (Please indicate relationship to child- Mother, father, legal guardian).

#1 \_\_\_\_\_ Relationship to Child \_\_\_\_\_

_____	_____	_____
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Number</b>

#2 \_\_\_\_\_ Relationship to Child \_\_\_\_\_

_____	_____	_____
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Number</b>

Email address: \_\_\_\_\_

List medications child will, if any, be taking during camp: \_\_\_\_\_

\_\_\_\_\_

**Camp WHOA insurance is only a secondary insurance. The camper's insurance is the primary insurance.**

Insurance Company \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy # \_\_\_\_\_

Do you give permission for us to seek treatment for your child in case of sickness or injury?  Yes  No

Do you give permission for your child to swim?  Yes  No

**W= WORD OF GOD**

**H= HORSES**

**O= OPPORTUNITIES**

**A= ATTITUDE & ABILITIES**



Please answer the following survey about your child's level of experience with horses.  
This will help us to determine groups accordingly and hopefully challenge your child beyond their current level.

Has your child had riding lessons?  Yes  No If so, for how long and how often? \_\_\_\_\_

Check all that apply: Tacking a horse can they?  Saddle  Bridle  Clean hooves

Check all that apply: Riding a horse can they?  Walk  Trot  Canter (with good balance, soft hands)

Whether it is the child's horse or not, does your child have a horse available to ride on a regular basis?

Yes  No

Does your child show or compete with their own horse or on a horse in a riding facility?

Yes  No

If yes, please give a brief description of show or competition you child participates in: \_\_\_\_\_

If your child has attended Camp WHOA in the past, how many summer camps have they attended? \_\_\_\_\_

Who was your child's riding instructor last summer, if attended? \_\_\_\_\_

If you child is attending camp with friends, please indicate who your child would like have as a roommate in their cabin. \_\_\_\_\_

I have read and signed the **RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FORM.**

\_\_\_\_\_  
Mother/Legal Guardian

\_\_\_\_\_  
Father/Legal Guardian

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Please circle your child's t-shirt size:

Youth: S M L

Adult: S M L XL XXL

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