

Fox View Horse Camp Permission Slip

					Dates of camp attendance			
Name		Last	First		Middle Initial			
Birthdate	Age at Camp		Grade in Fall		Gender:	O Male	O Female	
Home Address		Street Address			City	State		Zip
Custodial Parent/Guardian								
Home Phone		Mom cell #:			Mom work #:			
		Dad cell #:			Dad work #:			
Second Parent/Guardian								
Home Address (if different)		Street Address			City	State		Zip
Home Phone		cell #:			work #:			
If not Available in an emergency, notify (Please try to list two):								
Name					Relationship:			
Address		Street Address			City	State		Zip
Home Phone		cell #:			work #:			
Name					Relationship:			
Address		Street Address			City	State		Zip
Home Phone		cell #:			work #:			
Please state any medical conditions or medications that we should be aware of:								