



**MARLBOROUGH
EQUESTRIAN CENTER**

191 mill street south, marlborough, ma 01752
508-624-6501 Fax : 508-485-3433

2005/2006 Camper Registration Form

Name of Camper:	Age:	Date of Birth:
Mother's Name:	Father's Name:	
Address:	Address:	
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	
Mobile Phone:	Mobile Phone:	

Camp Session: ___ Dec. ___ Feb. ___ Apr. ___ 6/19—6/23 ___ 6/26—6/30 ___ 7/10—7/14
___ 7/17—7/21 ___ 7/24—7/28 ___ 8/7—8/11 ___ 8/14—8/18 ___ 8/21—8/25

Other Emergency Contact:

Phone: Relationship:

Child's Riding Experience:

Special Needs of Camper:

Allergies or Medical Conditions of Camper:

Health Insurance Carrier: Subscriber:

Please include a copy of your child's insurance card.

Should your child require medical care or attention while at camp and in the absence of a parent or guardian, do you authorize MEC to access necessary medical services?
___ Yes ___ No **Signature of Parent or Guardian** _____

Warning: Under Massachusetts Law, an equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities pursuant to Section 2D of Chapter 28 of the General Laws.

FOR OFFICE USE:

Deposit: _____ Date Received: _____ Cash Check #: _____

Full Payment: _____ Date Received: _____ Cash Check #: _____

Forms received: ___ Liability Form ___ Medical Insurance Card