



www.bitbybitfarms.com

2009 CAMP APPLICATION

CHECK REQUESTED DATES

___ June 15 – 19

___ June 22 – 26

___ July 6 – 10

___ July 20 – 24

CAMPER INFORMATION

NAME_____

AGE_____HEIGHT_____WEIGHT_____

REFERRED BY_____

RIDING EXPERIENCE_____

PARENT/GUARDIAN NAME_____

ADDRESS_____

EMAIL ADDRESS_____

HOME PHONE_____CELL PHONE_____

EMERGENCY CONTACT PHONE_____

DOCTOR/HOSPITAL PHONE_____

BIT BY BIT FARMS 2009 CAMP APPLICATION CONTINUED

MEDICAL INFORMATION

POLICY HOLDER COMPANY/ADDRESS_____

POLICY NUMBER_____PHONE_____

STATE LAW REQUIRES THE FOLLOWING TO BE ON FILE:
PROVIDE LAST DATE OF IMMUNIZATIONS AND LIST ALL ALLERGIES:

TB_____MMR_____DPT_____POLIO_____

OTHER_____

ALLERGIES:
INSECT STINGS_____ASTHMA_____FOOD_____

OTHER MEDICAL INFORMATION_____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I give consent for representatives of Bit by Bit Farms to obtain medical treatment for my child. I understand I am responsible for medical payment.

Parent/Guardian Signature_____

Date_____

LIABILITY RELEASE

The undersigned assumes total responsibility and risk of injury to self or minor child and holds harmless Bit by Bit Farms, any employees, representatives, or land lessees of Bit by Bit Farms liable for any accident, death or bodily injury to me, my child, spectator, and or property during any Bit by Bit Farms function or transportation to thereof. The undersigned understands that Bit by Bit Farms does not have medical insurance. The undersigned has read and understands terms of this release.

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE) AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

Parent/Guardian Signature_____

Date_____