



16680 W James Anderson Hwy
Buckingham, VA 23921
(434) 983-8181
(434) 547-2813 cell

**CHRISTMAS CAMP
Application**

Please fill out the following and return to the above address :

Name: _____ Age: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Previous Riding Experience? (please describe)

Parent/ Guardian Information:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Emergency Contact Information:

Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Is the above person authorized to pick up the camper at the end of the day or in case of an emergency? Y N

Additional Authorized Pick-up #1

Name: _____
Relationship: _____
Contact number: _____

Additional Authorized Pick-up #2

Name: _____

Relationship: _____

Contact number: _____

Please list all allergies: _____

Describe any medical conditions: _____

Please list any medication that the camper will bring to camp (ex. Benadryl, inhaler, etc.) _____

Insurance Company: _____
Insurance Policy Number: _____

I hereby consent to the taking of photographs and videos of my child by Sprouse's Corner Ranch, LLC or its' representatives. I also grant the right to edit, use or re-use said products for educational or promotional purposes selected by Sprouse's Corner Ranch, LLC, and hereby release all rights, title or interest we or the child may have in said product.

X _____