

**Madonna's Equestrian Academy**  
**Camp Registration/Medical History**  
**2023**

Camper's name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Who else may we contact in an emergency?

Name/Relation: \_\_\_\_\_

Name/Relation: \_\_\_\_\_

Who may pick up your child? Please list any restrictions (i.e. custody).

1. \_\_\_\_\_

2. \_\_\_\_\_

Physician's name: \_\_\_\_\_

Any medical conditions/restrictions? \_\_\_\_\_

Any medications? \_\_\_\_\_

For what condition? \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Riding experience? \_\_\_\_\_