

WILTON HUNT BRANCH OF THE PONY CLUB - CAMP INFORMATION FORM 2021

Please tick the appropriate camp:-

MAIN CAMP

JUNIOR CAMP

MINI CAMP

MEMBERS DETAILS:

NAME:..... AGE on 1st Jan.....yrs..... mths

PARENT/LEGAL GUARDIAN.....

ADDRESS.....

EMAIL MOBILE.....

TEL. NO.DAY.....NIGHT.....

Additional Contact No: if above unavailable Name Relationship to member

TEL..... MOBILE.....

PARENTS FIRST AID QUALIFICATIONS (if any).....

Any food requirements; Vegetarian Gluten Free Dairy Free Other, please state

MEDICAL INFORMATION. If you tick any box below or take any medication, you must fill in a Medical consent form, and send with booking form. An updated copy needs to be handed in to staff on arrival at camp with any Medication the member is taking

Take any Medication (If Yes you must fill in a medical consent form in full and hand into organiser)

Suffer from (please tick) Asthma Epilepsy Migraine Diabetes Hay Fever Any Skin Complaint

Suffer from any allergies (ie food, insects, medication).....

FAMILY DOCTOR..... TEL. NO.....

If there are more details we need to know please use the back of this form to give more information.

HORSE/PONY DETAILS

NAME.

HEIGHT..... SEX..... AGE.....

VET..... VET TEL. NO.....

LAST 3 EQUINE FLU VACCINATION DATES. 1..... 2..... 3.....

Please list anything we ought to know about your horse/pony

MAIN CAMP ONLY – Horse information form will be emailed in July

Type of Bedding required for your horse/pony. (Main Camp) STRAW / SHAVINGS (BRING YOUR OWN SHAVINGS)

FOR ALL CAMPS - Pony Club tests passed.....Tests you wish to take this summer.....

Details of riding and horse-mastership experience.....

COVID-19 EMERGENCY FIRST AID - I do/do not give consent for Emergency First Aid to be administered to my child, if PPE is not available at the time of the incident.

Please send a signed hard copy to: Mrs S Lefroy, Rose Cottage, Burcombe, Salisbury, SP2 0EJ

Signed (Parent/Guardian).....Print.....