

# BREEDERS CUP

## Summer Camp Registration Form

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male / Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Alt #: \_\_\_\_\_

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

Pediatrician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Currently receiving therapy? Yes / No Where? \_\_\_\_\_

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

**Primary Insurance:** \_\_\_\_\_ Phone #: \_\_\_\_\_

ID #: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**All Summer Camp Fees are due one week before camp.**

Credit Card #: \_\_\_\_\_

Exp: \_\_\_\_\_ SCC: \_\_\_\_\_

I agree to pay all fees as per the terms of my cardholder agreement. Initials \_\_\_\_\_

**I HEREBY AFFIRM ALL THE ABOVE INFORMATION IS ACCURATE.**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

