



Summer Polo Camp Application

Campers will be accepted to the camp in a first come, first serve basis - as there are limited spots available. The student will be placed on the camp roster upon submission of completed application.

Applications must be submitted to County Line Polo Club office for participation.

Mailing address: 2324 FM 150 East, Kyle, TX 78640 or Email: countylinepolo@gmail.com

Child #1

First _____ Middle _____ Last _____ Gender: Male _ Female_
School Name _____ Current Grade _____ Birth date ____/____/____ Age (as of June 1, 2014) ____
Street Address _____
Town/City _____ State ____ Zip code _____ Child's Home Phone _____

Child #2

First _____ Middle _____ Last _____ Gender: Male _ Female_
School Name _____ Current Grade _____ Birth date ____/____/____ Age (as of June 1, 2014) ____
Street Address _____
Town/City _____ State ____ Zip code _____ Child's Home Phone _____

Child #3

First _____ Middle _____ Last _____ Gender: Male _ Female_
School Name _____ Current Grade _____ Birth date ____/____/____ Age (as of June 1, 2014) ____
Street Address _____
Town/City _____ State ____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other ____
Street Address _____
Town/City _____ State ____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other ____
Street Address _____
Town/City _____ State ____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____

Transportation Release

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

I hereby give permission for the transportation of my child for official **County Line Polo Camp** activities by modes of transportation agreed to by the camp organizers and by the individuals listed above.

Parent's/Guardian's Initials _____

Emergency Contact Information – Alternate Pickup/Release (If Parent/Guardian listed above unavailable)

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Locust Trace & Fayette County Public Schools will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical concerns, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No

Are there any food or environmental allergies that we need to be aware of?

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes_ No_ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes_ No_ If yes, explain: _____

Does your child require a special diet?

Yes_ No_ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. Is there any additional medical information that we may need to be aware of?

Please circle how you heard about the County Line Polo Camp.

Social Media Website Word of Mouth Flyer Friend Other _____

County Line Polo Club, and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Please circle your preference for participation: Summer I Summer II BOTH summer sessions