

Cowboy Lee's 2010

# Cowboy Adventure Camps

*A Division of Bible Doctrines to Live By, Inc.*

...for young men and ladies

P.O. Box 564, Comstock Park, MI 49321

Phone # (616) 785-3618 (office)

(616) 822-4822 (camp)

E-mail Address: [CowboyLee@CowboyLee.com](mailto:CowboyLee@CowboyLee.com)

Cowboys and Cowgirls (Ages 12-19)

June 13-19, **FAMILY Cowboy Camp, Hermann, Missouri**

June 20-26, **Little Bear Creek Ranch, Hermann, Missouri**

July 4-10, **Heritage Ranch, Tabor, South Dakota**

July 18-24, **Sonshine Ranch, Bangor, Michigan**

July 26-31, **Victory Stables, Apollo, Pennsylvania**

## HEALTH FORM

### Dear Parent or Guardian:

In the interest of your child, **we need this Health Form filled out thoroughly and clearly.** If more room is needed, please use the back side of this sheet. Thank you.

Participant Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Emergency Phone ( ) \_\_\_\_\_

Please List: Allergies \_\_\_\_\_

Medications presently being used: \_\_\_\_\_

Will these medications be taken during Cowboy Camp? \_\_\_\_\_

Behavioral/Emotional Considerations \_\_\_\_\_

Special Conditions: Reaction to medications \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

## MEDICAL RELEASE

I hereby give permission to the "Cowboy Lee" Cowboy Camp Staff to: Secure emergency medical and surgical treatment and routine non-surgical medical care, for my child to be transported in privately owned vehicles for approved off-camp riding-site activities and for the release of medical records in the case of illness. I understand that insurance coverage is the responsibility of the individual or parent and that all medical expenses incurred as a result of an accident or illness is the responsibility of the individual or parent.

Insurance Co. \_\_\_\_\_

Policy/Card No. \_\_\_\_\_ Group Number \_\_\_\_\_

Phone: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT PERMISSION STATEMENT**

We the undersigned are the parents/guardians of \_\_\_\_\_. We are fully aware of the potential dangers/hazards involved in participating in this camp. We give our consent for this camper to participate in and compete in the activities of this 2007 "Cowboy Lee's Cowboy Camp." We willingly and knowingly accept all risk for our child's participation in this event. We agree to accept responsibility for any damages or injury sustained while attending this camp.

In consideration of your accepting my child to participate in the "Cowboy Lee" Cowboy Camp, I hereby waive any and all rights for damages I may have against the sponsoring organization, **Bible Doctrines to Live By, Inc.**, or their representatives arising out of any and all injuries suffered by my child while participating in the Cowboy Camp. I agree to indemnify and hold harmless the sponsoring organization, **Bible Doctrines to Live By, Inc.**, their representatives, successors and assigns from any and all injuries received by any minor participating in the cowboy camp functions.

This form is valid for the Cowboy Camp in the year 2010.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTICE: When completed send to:  
**Cowboy Lee's Cowboy Camp**  
**PO Box 564**  
**Comstock Park, MI 49321**