



Bluegrass Riding Academy (BGRA)

Summer 2009

CAMP REGISTRATION FORM

For Official Use Only:

Date Received: _____

Deposit: _____ Amt: _____

Final Pymt: _____ Amt: _____

Please complete form, print and mail to: Bluegrass Riding Academy, PO Box 748, Versailles, Kentucky 40383

Today's date:	<input type="checkbox"/> Day Camp (check all sessions that apply)	<input type="checkbox"/> Residential Camp (check all sessions that apply)
	<input type="checkbox"/> June 22-June 26 <input type="checkbox"/> June 29-July 3 <input type="checkbox"/> July 6-July 10 <input type="checkbox"/> July 20-July 24 <input type="checkbox"/> July 13-July 17 <input type="checkbox"/> July 27-July 31 <input type="checkbox"/> Entire Summer or other _____	<input type="checkbox"/> June 21-June 27 <input type="checkbox"/> June 28-July 4 <input type="checkbox"/> July 5-July 11 <input type="checkbox"/> July 12-July 18 <input type="checkbox"/> July 19-July 25 <input type="checkbox"/> July 26-August 1 <input type="checkbox"/> Entire Summer or other _____

CAMPER'S INFORMATION

Camper's last name:		First:	Middle:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Social Security no.:
Birth date:	Age:	Cell phone no.:		Home phone no.:		
/ /		()		()		
Street address/P.O. Box:						
Email Address:			City:	State:	ZIP Code:	
Parent's Name:		Parent Occupation:		Parent's Employer:		Employer phone no.:
Camper's Riding Experience: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced				<input type="checkbox"/> Camper desires to Show a Horse while at camp (extra charge of \$350/horse show applies)		<input type="checkbox"/> Bringing own Horse (extra boarding charge at \$150/week applies)
Referred to Camp By:		How did you learn about BGRA Summer Camps:				
<input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____		<input type="checkbox"/> Advertisement in _____ <input type="checkbox"/> BGRA Website _____ <input type="checkbox"/> Camp Directory on Internet _____ <input type="checkbox"/> Other _____				

INSURANCE INFORMATION

(Please send a copy of the camper's insurance card)

Person responsible for bill:	Birth date:	Address (if different):		Home phone no.:	
	/ /			()	
Employer:		Employer address:		Employer phone no.:	
				()	
Please indicate primary insurance company:					
Policy no.:		Group no.:		I.D. no.:	
Subscriber's name:		Subscriber's S.S. no.:		Birth date:	Co-payment:
				/ /	\$
Camper's relationship to subscriber:		<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Other _____	
Name of secondary insurance (if applicable):		Subscriber's name:		Group no.:	Policy no.:

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to camper:	Home phone no.:	Work phone no.:
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The above information is true to the best of my knowledge. I authorize the camp director to take my son/daughter to the emergency room if he/she deems necessary. I understand that I am financially responsible for any balance or co-pay on hospital or doctors bills. I also authorize my insurance company to release any information required to process my claims.

Patient/Guardian signature _____ Date _____