



# SOLID GROUND EQUINE ASSISTED ACTIVITIES AND THERAPY CENTER

## Summer Day Camp Participant(s) Packet

*(Must be completed in blue or black ink)*

Parent/Guardian/Responsible Party Name: \_\_\_\_\_

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

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

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**Please give information on each child participating.**

*It is the Parent/Guardian/Responsible Party's responsibility to fully disclose any diagnosis and/or behavior to Solid Ground staff that may affect the Participant while on property and/or participating in a program. This information helps our staff and volunteers appropriately plan and maintain a high level of safety.*

**Participant #1 Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male Female

Allergies: \_\_\_\_\_ Any formal Dx? \_\_\_\_\_

Is there anything you would like to tell us about this Participant that will help us provide a safe and enjoyable experience?

\_\_\_\_\_  
\_\_\_\_\_

**Participant #2 Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male Female

Allergies: \_\_\_\_\_ Any formal Dx? \_\_\_\_\_

Is there anything you would like to tell us about this Participant that will help us provide a safe and enjoyable experience?

\_\_\_\_\_  
\_\_\_\_\_



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## Approved Pickup/Drop Off List:

Please list individuals who are allowed to pick up/drop off your child(ren)

- *Individuals picking up children MUST have a valid ID with them*
- *If an adult is NOT on the list below they will NOT be allowed to leave with a child*

List of Adults allowed to pickup/drop off:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child(ren)? \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child(ren)? \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child(ren)? \_\_\_\_\_

Are there any individuals we should be aware of that are not allowed to have contact with your child?