



RRCF Cowboy Camp Registration Form

Child's Name

Child's D.O.B

Address

Legal Guardian Name

Legal Guardian Phone Number

Emergency Contact Name

Emergency Contact Phone Number

Known Allergies

I/we the legal parent(s) or guardian(s) of

_____, give permission for my/our children to attend and participate in activities of Ridin the River Cowboy Fellowship; to include any events and activities that are located on the Ridin the River Cowboy Fellowship property. We release any and all liability against Ridin the River Cowboy Fellowship and it's representatives, for any injuries which may occur to our children while participating in any events and activities of Ridin the River Cowboy Fellowship; to include any injury which may occur during the transportation of my/our children to and from any events and activities on the property of Ridin the River Cowboy Fellowship. Signing this form also allows photography and videography of events that may or may not include the child mentioned above.

Signed By Legal Parent(s) or Legal Guardian(s):

Date: _____

Phone Number(s) By Which You Can Be Reached:

Special Instructions/Medical Notes (if any):

In case of emergency and I cannot be reached by phone, I give Ridin the River Cowboy Fellowship staff and chaperones permission to seek medical treatment for my child(ren):