**PERMISSION FORM FOR ATTENDANCE AT ZONE 16 CAMP 2018**

**(MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN)**

**RIDER**

I am willing for to attend the Zone 16 Pony Club Camp from Sunday 15th April – Saturday 21st April 2018.

I have read the conditions of the camp and agreed to abide by them. My child/children attending camp are current financial member/s of \_\_\_\_\_\_\_\_\_\_Pony Club.

Cheque payable to my Pony club enclosed for $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque covers the following:

Riders (how many, any led?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meal ticket(s) (please include name of parent for led riders) (whose name is the ticket too made out in, no need to add rider info) Please add any special dietary requirements

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

Camping (how many sites) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructors horse(s) (how many) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Helper all week info \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other payments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/WE AUTHORISE AND DIRECT IN THE EVENT OF AN ACCIDENT OR ILLNESS THAT YOU OBTAIN FO MY CHILD SUCH MEDICAL CARE -INCLUDING ANAESTHETISATION AND BLOOD TRANSFUSION AS SHALL BE NECESSARY.

Parent/Guardian Signature:

Printed Name:

**SIGNATURE OF CLUB INSTRUCTOR**

Please ensure Rider/Horse/Grades/Experience are correct (please add info you wish the ZCI to be aware of)

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

**NAME OF VETERINARIAN ( if required)**

I, parent of authorise the camp commandant to engage the services of veterinary surgeon if in his opinion this is warranted for my child’s horse. In signing this permission slip **I accept responsibility for fees incurred**.

Parent/Guardian Signature

Printed Name

Date