



Equus 3D Equestrian Centre

EMERGENCY CONTACT FORM

Date: _____

Camp Session: _____

Camper's Name: _____

Provide the names and contact information for a primary and secondary contact for your child.

Primary Contact		Secondary Contact	
Name		Name	
Address		Address	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Pager		Pager	

Are there any health concerns that we should be aware of? (eg: asthma, food allergies)

YES _____ NO _____

If yes, please describe:

Camper Signature: _____

Parent/Guardian Signature: _____