Mar Vista Stables 2152 Olympic Way Daly City, CA 94015 (650) 991-4224

SUMMER CAMP ATTENDEE FORM

| (Please Print) | | |
|---|----------------------------------|-------------------------------------|
| Last Name of Child | First Name | Birth Date |
| Mother's Last Name | First Name | Cell Phone Number |
| Mother's Work Address | Work phone Number | |
| Father's Last Name | First Name | Cell Phone Number |
| Father's Work Address | Work Phone Number | |
| In the event of a serious illnes people to be notified by phone | | eached, I wish one of the following |
| Name | Relationship to Child | Cell Phone Number |
| Name | Relationship to Child | Cell Phone Number |
| If one of the following above emergency hospital | people cannot be reached, I wish | my child to be taken to the closet |
| () yes () no | | |
| Special Instructions (if any) | | |
| | | |
| I have read and authorized the | above instructions: | |
| Signature | Relationship to Child | Date |
| X | Parent () Guardian () | |