

Young Mountain Farm Horse Days Registration June 12,13, 14

Child's Name _____ Age _____

Parent's name _____

Address _____

E-Mail Address _____

Phone _____ Phone _____

Allergies _____

Pertinent Medical Information _____

Local Physician _____

Additional Comments or Concerns _____

T-Shirt Size _____

I give Patti Young and Young Mountain Farm staff permission to relay my child to the ER in the event of an accident and I give my permission for the ER to administer help or treatment that they deem necessary.

Parent Signature _____ Date _____