T-Shirt Size: (Circle One) Youth SML Adult SMLXL2X3X	1.Deposit: \$		2. F	lorses	TOTAL (1+2) \$	Bal. Due
JUDSON BAPTIST RE	TREAT CENTER	R. 10330		son Road. St. Fra	•)775
	009	-,		ek Attendin	·	
Parents, please complete this for with registration form. Thank ye		t to you	r child	l's leader as he/s	he <u>must</u> have it	to turn in
		Sex:		Date of Birth:	Age:	Grade
Name of one (1) Bunkmate:						
Camper's Address:			City: ST: Zip:			
Father's Name:			Mother's Name:			
Church Camper Attends:			Home Phone:			
Is Camper a Christian?			Is Camper a Church Member?			
Are Parents Christians? Mother Father			Can Camper Swim? Yes No (Check one)			
Any restrictions pertaining to wat	er activities?					
I understand that ponies, mules or death to persons around their acknowledge that I have voluntariding and other equine activitie Baptist Retreat Center, and its elosses, expenses and costs reshorseback riding or other equin DATE:	IOWLEDGEM, donkeys and on. I have read, arily assumed as at Judson Ballemployees, officulting from any eactivities.	IENT A other eq and I ur II risks ptist Re ers, rep injury, l	AND H juine b ndersta of inju treat C presen harm c	IOLD HARMLI ehave in ways the and, the "Warnin ry, harm, or deat Center. I agree to tatives and insur	nat may result in g" set forth belo h associated win hold harmless were from all dam ted with my parti	ow. I th horseback Judson nages,
Paren	t Signature if un	der 18 v	ears o	f age		
- -		-				
Under Louisiana law, an equine death of a participant in equine R. S. 9:2795.1	activity sponso activities result	ing fror	uine pi n the i	nherent risks of	equine activities	s, pursuant to
There is a 250 lb. we Program at Judson	•	•		. •	tne Eque	strian
Emergency Contact Numb						
Father's Work#				Father's Cell#		
Mother's Work#			Mother's Cell#			
Other Contact Name			Pho	one #		
Parent's E-Mail Address:_						

******Parent or Guardian must also fill out Camper Medical Form********