



**Application For Enrollment to Camp Langston**  
**APPLY NOW TO INSURE RESERVATION**

Camper Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

How did you learn about camp? \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ Can Camper Swim? \_\_\_\_\_

Indicate Pricing Package you prefer  Colorado Package  Texas Package (Refer to [www.camplangston.net](http://www.camplangston.net) for price package information)

E-mail Address \_\_\_\_\_

Are there any activities offered by camp that you do not want your child to participate in? Please list fully \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Work Telephone \_\_\_\_\_

**A RECENT PHOTO OR SNAPSHOT and \$100 DEPOSIT MUST ACCOMPANY THIS APPLICATION**

Mail Enrollment Application To . . . Camp Langston 50 CR 3227, Mt. Pleasant, Texas 75455

## Medical Attention Release

I \_\_\_\_\_ give my permission for  
( parent or guardian name )

**emergency medical or dental treatment for my child or children**

\_\_\_\_\_  
( child or children name )

**if need arises while attending Camp Langston.**

\_\_\_\_\_  
( parent or guardian signature )

# Statement of Voluntary Liability Release for Equine ( Horseback Riding ) Activities

**Under Texas Law ( chapter 87 )  
Civil Practice and Remedies Code**

*An equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risk of equine activities.*

I, the parent or guardian of this camper have read and fully understand the Texas Equine Liability Law. I acknowledge that I am aware of the inherent dangers that can result from participation in equine related activities. I am giving my child permission to participate in equine related activities while at Camp Langston. In consideration for my child being allowed to participate in such activities, I will hold Camp Langston, it's owners, staff and counselors free from liability or civil action in the event of accident, injury or death resulting from my child's participation in any and all equine and equine related activities while at Camp Langston.

Parent ( guardian ) Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Medical Release Information

Camper Name \_\_\_\_\_ Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Can Camper Swim? \_\_\_\_\_

Does camper have any physical disabilities? \_\_\_\_\_

Does camper have history of mental illness, if so explain \_\_\_\_\_

List any medications camper will be taking \_\_\_\_\_

**PLEASE LIST ANY SPECIAL HANDLING INSTRUCTIONS BELOW**

TRIM LOCATION