



# CLUB DEPORTIVO C.A.F.C.A.

Corredor del Atlántico para el Fomento del Caballo Árabe

## C.E. LA GERENCIA

Playa de Dícido s/n. 39709 Mioño (Castro Urdiales). Cantabria.

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C.E. LA GERENCIA  
MIOÑO. CANTABRIA

### REGISTRATION CAMPS

NAME AND SURNAME

PASSPORT NUMBER:

ADDRESS:

CITY:  COUNTRY:

BIRTH DATE:

OTROS SEGUROS:

#### ***NAME OF THE FATHER/MOTHER OR LEGAL RESPONSIBLE:***

***PASSPORT NUMBER:***

***PHONE/S:***

***E-MAIL:***

How long have you been riding?:  How many hours a week?:

What equestrian modality do you practice?:

Do you have your own horse or pony?

How did you find out about our Camps?:

#### **❖ DISEASES, TREATMENTS OR OTHER OBSERVATIONS TO TAKE INTO ACCOUNT:**

- DIABETIC:** the student must be familiar with the amounts and foods they can eat, and will bring their insulin kit. The Center will have a refrigerator and supplementary food at your disposal to avoid insulin drops. You must inform the teachers of any discomfort.
- COELIAC:** as a preventive measure, the student must bring BREAD for the first day, as well as cookies (or whatever) for the first breakfast. A MEDICAL CERTIFICATE is essential specifying that, indeed, the student is celiac.
- INTOLERANT TO SOME FOOD.** Indicate which: \_\_\_\_\_ .  
A MEDICAL CERTIFICATE that specifies it is essential.
- ASTHMA and ALLERGIES:** A MEDICAL CERTIFICATE that specifies it is essential. The pupil must bring their medications with their name written.
- HABITUAL ENEURYSIS:** we are especially discreet with "night accidents". Please bring diaper pants all mattresses.

**IF YOU NEED TO ADD ANY OTHER INFORMATION RELATING TO HEALTH OR ANOTHER NATURE (HYPERACTIVITY, UNSTABLE FAMILY SITUATION, TEMPORARY CHANGES IN BEHAVIOR, ETC) THAT WILL HELP US FOR THE WELL-BEING OF YOUR CHILD, PLEASE INFORM US BY PHONE OR IN WRITING . YOUR CHILD IS THE MOST IMPORTANT THING.**

**I request to register my child for the Easter or Summer Camps for the period between the days:**

**I know and accept the General Conditions.**

**Mr/Mrs:**

**Date and signature:**