Camp Horse Country Application – July & August 2020

www.camphorsecountry.com/www.horsecountryfarm.com   Phone: (360) 691-7509 or (425) 335-4773 E-Mail: ckennedy@horsecountryfarm.com

My name is _____ and I am _____years old. Yes, I am coming to Horse Country Day Camp for _____5-Day Wild West Camp _____ Advanced Wild West Camp. I am going into _____ grade. My birthday is ___/___/___. I weigh _____lbs* & I am ____ft ____inches tall. I wear _____ size t-shirt. _____Yes, I need to rent an equestrian helmet – Rental Cost: $40.00 for 5 days.

I am a returning _____Wild West Camper _____ Advanced Wild West Camper.

Yes, I came to Camp Horse Country in _____ and this is my _____2nd week, _____ 3rd week of horse camp.

For the health of our horses, please respect our upper weight limit of 150 pounds.

I'm coming to Camp Horse Country for the Session or Sessions of:

[   ] July 13 [   ] July 20 [   ] July 27 [   ] Aug 3 **5-Day Wild West Camp**

[   ] Aug 10 **5-Day Advanced Wild West Camp**

DUE TO COVID-19 RESTRICTIONS, CAMPS ARE LIMITED TO THE FIRST 4 RIDERS EACH SESSION, SO SIGN UP EARLY!

Instructors GREET campers in the parking lot **at 9:00 AM, Tuesday – Friday** and bring campers out for pick-up by parents in the parking lot at 4:00 PM, Monday-Thursday. **Campers will leave with their parents after their Camp Horse Show on the last day of camp. Enclose a $75.00 non-refundable deposit per camper, per session. *FOR THEIR SAFETY, YOU MUST SIGN YOUR CHILD IN & OUT WITH THE INSTRUCTORS.* Balance of fees due the first day of your child's camp session, including helmet rental and before/after camp care.**

I UNDERSTAND HORSE COUNTRY DOES NOT OFFER THERAPEUTIC RIDING. HORSE COUNTRY CAMPS ARE NOT THERAPEUTIC PROGRAMS. **HORSE COUNTRY RECOMMENDS THE "LITTLE BITS" RIDING PROGRAM FOR STUDENTS WITH SPECIAL NEEDS.**

I AGREE TO ASSUME FULL LIABILITY FOR MY CHILD/CHILDREN IN CASE OF ACCIDENT/INJURY. I WILL NOT HOLD HORSE COUNTRY OWNERS/EMPLOYEES RESPONSIBLE IN CASE OF ACCIDENT/INJURY. I understand it's the nature of large animals such as horses/ponies to occasionally be unpredictable, especially when startled by other animals or circumstances not easily anticipated. There is an INHERENT RISK IN riding/attending any horse/pony which must be ASSUMED BY ME ON BEHALF OF MY CHILD/CHILDREN. Horseback riding is a PHYSICAL ACTIVITY, SO I WILL SEND MY CHILD/CHILDREN IN good health: e.g. NO broken bones, NO contagious diseases, and NO ALLERGIES TO HORSES. MY CHILD/CHILDREN WILL DRESS TO RIDE/ATTEND HORSES/PONIES, per the Instructor's Directions, **Long jeans, camp shirt, suitable foot-wear, please**.

PARENT'S NAME (printed):_____ ____PARENT'S SIGNATURE:_____

E-MAIL ADDRESS:_____DATE SIGNED: _____

ADDRESS:_____CITY:_____STATE:____ZIP: _____

PHONE:(___)_____ALTERNATE PHONE:(___)_____EMERGENCY PHONE:(____)_____

Mail to: HORSE COUNTRY FARM, P.O. Box 2, Granite Falls, WA 98252   AMT ENCLOSED: _____