

Camp Horse Country Application – Summer 2020

www.camhorsecountry.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:

[] June 1 [] June 8 [] June 15 [] June 22 [] July 13 [] July 20 [] July 27 **5-Day Wild West Camp**

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

CAMPS LIMITED TO THE FIRST 8 RIDERS EACH SESSION INCLUDING CAMP COUNSELORS, 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: _____