

Camp Horse Country July & August 2020 ~ Counselor-In-Training Application

www.camphorsecountry.com/www.horsecountryfarm.com Phone: (360) 691-7509 or (425) 335-4773 Email: campdirector@camphorsecountry.com

My name is _____ and I'm _____ years old. Yes, I'm coming to Camp Horse Country to be a **C.I.T.** this year! I'm going into _____ grade. My birthday is ___/___/____. I weigh _____ lbs* & I'm ___ft ___inches tall. I wear _____ size T-shirt. I'm a _____ Junior CIT, _____ Senior C.I.T, and this is my _____ year at Camp Horse Country. I want _____ and _____ for my camp horses.

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

I'm coming for CIT Leadership Training Camp, (pick 1 session):

[] July 13 [] July 20

As a 2020 C.I.T., I want to be a working camp counselor for the following camp sessions:

[] July 13 [] July 20 [] July 27 [] Aug 3 [] Aug 10

[] **Yes, I'll be attending Advanced C.I.T. Leadership Camp August 17th.** [] **Yes, I'm coming to C.I.T. Reunion Camp August 24th.**

DUE TO COVID-19 RESTRICTIONS, SUMMER CAMPS LIMITED TO THE FIRST 4 C.I.T.s EACH SESSION, SO SIGN UP EARLY!

C.I.T.s report to the Farm Office on arrival and are picked up by parents at the Farm Office at the end of the day.
Enclose a \$75.00 non-refundable deposit per camper, per session. Balance of fees due the Monday of the camp session.
Horse Assignments are made on a "First-Come, First-Served" Basis.

I UNDERSTAND HORSE COUNTRY FARM DOES NOT OFFER THERAPEUTIC RIDING. HORSE COUNTRY CAMPS ARE NOT THERAPEUTIC PROGRAMS. HORSE COUNTRY FARM 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: _____

