

# Camp Horse Country 2017 ~ Cowgirls/Cowboys-In-Training & Intern Application

Web Address: [www.camphorsecountry.com](http://www.camphorsecountry.com)/[www.horsecountryfarm.com](http://www.horsecountryfarm.com) Phone: (360) 691-7509 or (425) 335-4773

Yes, I am coming to Camp Horse Country to be a \_\_\_\_ **C.I.T.** or \_\_\_\_ **Intern** this year! My name is \_\_\_\_\_ and I am \_\_\_\_\_ years old. I am going into \_\_\_\_\_ grade. My birthday is \_\_\_/\_\_\_/\_\_\_\_. I weigh \_\_\_\_\_ lbs\* & I am \_\_\_ ft \_\_\_ inches tall. I wear \_\_\_\_\_ size T-shirt. I am a \_\_\_\_ Junior CIT, \_\_\_\_ Senior C.I.T., \_\_\_\_ Junior Intern, \_\_\_\_ Senior Intern and this is my \_\_\_\_\_ year at Camp Horse Country. Yes, my instructor, \_\_\_\_\_ has given permission for me to be a \_\_\_\_ Junior Intern, or \_\_\_\_ Senior Intern. I want \_\_\_\_\_ and \_\_\_\_\_ for my camp horses and \_\_\_\_\_ for my young horse that's in training.

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

**I'm coming for CIT/Intern Training Camp, (pick 1 session):** \_\_\_\_ April 2nd \_\_\_\_ June 18<sup>th</sup> \_\_\_\_ June 25<sup>th</sup>

**As a 2018 C.I.T./Intern, I want to be a working camp counselor or intern for the following camp sessions:**

[ ] April 2 [ ] June 18 [ ] June 25 [ ] July 9 [ ] July 23 [ ] July 30 [ ] Aug 6 [ ] Aug 13

[ ] August 20 ***CIT & INTERN REUNION CAMP FOR Counselors AND Interns Only***

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 during training and summer sessions. **Camp ends for C.I.T.s and Interns at 4:00 p.m. on Fridays after the Camp Show and Horse Care (chores). 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.**

## **WORKING CAMPS LIMITED TO THE FIRST 6 C.I.T.s and 2 INTERNS EACH SESSION, SO SIGN UP EARLY!**

**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**

AMT ENCLOSED: \_\_\_\_\_

P.O. Box 2, Granite Falls, WA 98252 E-Mail: [ckennedy@horsecountryfarm.com](mailto:ckennedy@horsecountryfarm.com)

