

# Camp Horse Country "Horse Crazy" Camp Application – Summer 2018

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 Horse Country Day Camp for \_\_\_ **HORSE CRAZY CAMP** for  
\_\_\_\_\_ **1 week** \_\_\_\_\_ **2 weeks**, \_\_\_\_\_ **3 weeks**, \_\_\_\_\_ **4 weeks**, \_\_\_\_\_ **6 weeks** \_\_\_\_\_ **ALL SUMMER (8 WEEKS)**.

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. \_\_\_\_\_ Yes, I need to rent an equestrian helmet – Rental Cost: \$35.00 for 5 days. I am a returning \_\_\_\_\_ Wild West Camper \_\_\_\_\_ Advanced Wild West Camper. \_\_\_\_\_ Yes, I have previous horseback riding experience. \_\_\_\_\_ No, this is my first horse experience. I came to Camp Horse Country in \_\_\_\_\_ and this is my \_\_\_\_\_ 2<sup>nd</sup> week, \_\_\_\_\_ 3<sup>rd</sup> week of horse camp. Yes, I need before/after camp care. I will arrive at \_\_\_\_\_ and leave at \_\_\_\_\_. *\*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:

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

## **CAMPS LIMITED TO THE FIRST 10 RIDERS EACH SESSION, SO SIGN UP EARLY!**

Instructors GREET campers in the parking lot **from 8:45 – 9:00 AM, Tuesday – Friday.** **Parents must pick up Horse Crazy campers at the Horse Country Farm office each day at the end of camp.** Campers will leave with their parents after their Camp Horse Show on the last day of camp but do have the option of staying to help with horsey chores after the show. Horse Crazy campers finish at 4PM on Fridays. 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**

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

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