

# Vintage Oaks Horse Farm

1274 Oakwood Rd

New Freedom, PA 17349

[VintageOaksHorseFarm@gmail.com](mailto:VintageOaksHorseFarm@gmail.com)

(443) 310-0315

## 2018 Clinic Week Registration Form

CAMP DATES

Aug 14<sup>th</sup> -17<sup>th</sup> (4 days)

8am-3:30pm

Cost \$500

Child's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Is anyone else going to be dropping off or picking up your child: ( ) YES ( ) NO

If so, please list name(s): \_\_\_\_\_

**After Care**

After care is available for 1 hour after the end of the camp day. See the top of first page for camp hours. Arrangements **must** be made ahead of time. After Care is \$20 per day.

Will you need After Care: ( ) YES ( ) NO

What days ( ) Tuesday ( ) Wednesday ( ) Thursday ( ) Friday

**\*\*Please call the week prior to the start of camp to confirm times for pick up if you need After Care\*\***

**Emergency Contact Info**

Emergency Contact Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

**Health Information**

Allergies:

\_\_\_\_\_

Medications:

\_\_\_\_\_

Other medical Information:

\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

**Waiver/Rules: I understand that no refunds will be given unless written notice is given prior to 30 days before camp. My child has no physical impairment that would prevent him/her from participating in the camp. I authorize Vintage Oaks Horse Farm, LLC and their counselors to act for my child and me in any emergency requiring medical attention. I agree to indemnify and hold harmless Vintage Oaks Horse Farm, LLC and owners, directors, officers, representatives, employees, counselors, agents, and assigns, from and against any and all claims or liabilities to me or anyone else for any injuries or illness whatsoever including, without limitations to, injuries to my child, and/or property, arising out of or incident to their participating in the Vintage Oaks Horse Farm Summer Camp.**

**You assume the risk of equine activities pursuant to Pennsylvania Law.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ✓ To hold your child's spot, the Registration Form must be **completely** filled out & signed by a Parent or Guardian. Deposit of \$100 **must** be included also.
- ✓ Full amount, minus \$100 deposit, is due 30 days before the start of camper's session.
- ✓ Spaces are limited to 12 children per session; please get you Registration & Deposit returned early to hold your child's spot!
- ✓ Make check Payable to **Vintage Oaks Horse Farm**
- ✓ Mail or drop off to **1274 Oakwood Rd, New Freedom PA 17349**