

# Vintage Oaks Farm

1749-B W. Jarrettsville Rd

Jarrettsville, MD 21084

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

(443) 310-0315

## 2023 Clinic Week Registration Form

CLINIC DATES

July 31-Aug 4

8:30am-3:30pm

Cost \$600

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 \$25 per day.

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

What days ( ) Monday ( ) 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 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 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 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, please get your Registration & Deposit returned early to hold your child's spot!
- ✓ Make check Payable to **Kelle Lerch or VENMO @Kelle-Lerch**
- ✓ Mail or drop off to **1749-B W. Jarrettsville RD, Jarrettsville MD 21084**