

# Happy Daze Farm



## Summer Camp Application 2018

Camper's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Hgt \_\_\_\_\_ Wgt \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Circle camp week (s)    June 25 - 29                      July 23 - July 27

Amount Enclosed: \$ \_\_\_\_\_

Your signature below constitutes an agreement and affirmation that you and your child participate voluntarily, fully aware that horse sports, horseback riding and associated activities involve inherent dangerous risk. By participating, you and your child expressly assume all risks of Pamela Rich, Shelby Quinn, employees and agents harmless of any injury or loss suffered during or in connection with horse sports, horseback riding and stable management at Happy Daze Farm and Fox Creek Farm.

**WARNING**

**Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. 1039.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Happy Daze Farm Consent Form

### Transportation Consent

I give my child, \_\_\_\_\_, permission to be transported by Pamela Rich, Shelby Purchase Quinn or employees of Happy Daze Farm for field trips.

Parent Signature \_\_\_\_\_

### Photo Consent

I GRANT permission for our child's photo to be published on the Happy Daze Farm public website and or print media and social media.

Parent Signature \_\_\_\_\_

### Medical Consent

Please list any pertinent information the staff of Happy Daze Farm should know while caring for your child at Horse Camp.

Allergies? If so, please list

Physical Restrictions? If so, please explain

Health Concerns? If so, please explain

Current prescribed medication we will need to administer? If so, Instructions?

Insurance Company \_\_\_\_\_

Identification /Policy Number \_\_\_\_\_

Physician's Name and Phone Number \_\_\_\_\_

I hereby give my child, \_\_\_\_\_, permission to fully participate in the Happy Daze Farm Camp from 9:00 am to 3 pm (fill in dates)\_\_\_\_\_. I further grant permission to the director of the activity (or authorized designee) to dispense to my child prescribed medication he/she is currently taking. I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature \_\_\_\_\_ Date \_\_\_\_\_