



**Garrod Farms Stables**  
 22647 Garrod Rd. Saratoga, California 95070  
 (408) 867-9527

**Application Form—Summer Horse Day Camp 2017**

Child's Name \_\_\_\_\_ \*Age (as of the 1<sup>st</sup> day of camp) \_\_\_\_\_

\*Sex: \_\_\_\_\_ \*Height \_\_\_\_\_ \*Weight \_\_\_\_\_ \*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*Zip \_\_\_\_\_ \*Phone: \_\_\_\_\_

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

\*Parent's Name \_\_\_\_\_

\*Name of 2<sup>nd</sup> person to be called in case of emergency: \_\_\_\_\_ \*Tel: \_\_\_\_\_

**\*T-Shirt Size: (circle one) Ch. Med Ch. Lg Ad. Sm Ad. Med Ad. Lg Ad. XL 2<sup>nd</sup> T shirt? \_\_\_\_\_**

**RIDING HISTORY:** \_\_\_\_\_ None (Please call the stables office and make arrangements for riding lessons. **Four** lessons are required to attend camp)

**Had Lessons:** \_\_\_\_\_ Yes How many? \_\_\_\_\_  
 Where? \_\_\_\_\_

Been in Horse Camp at Garrod Farms Before: How many **weeks**? \_\_\_\_\_

Other? (please indicate) \_\_\_\_\_

**Applying as a:** CAMPER \_\_\_\_\_ or C.A.T. \_\_\_\_\_ (Counselors' Assistant)

\*SESSION DESIRED: First Choice: Dates: \_\_\_\_\_ Camp # \_\_\_\_\_ Type: \_\_\_\_\_  
 Second Choice: Dates: \_\_\_\_\_ Camp # \_\_\_\_\_ Type: \_\_\_\_\_  
 Third Choice: Dates: \_\_\_\_\_ Camp # \_\_\_\_\_ Type: \_\_\_\_\_

**If you do not receive written confirmation of your selected camp session within 15 days of receipt of application by Garrod Farms, please phone our office to confirm verbally.**

- ◆ Reservations will be made only after the receipt of the *completed* 3-page application and required deposit.
- ◆ Garrod Farms reserves the right to cancel or change any session.
- ◆ Deposit required is \$200.00.
- ◆ \$150 of deposit is refundable only when child's place in camp is filled.
- ◆ Balance is due on the first day of camp.
- ◆ \* indicates required field
- ◆ 2<sup>nd</sup> T-shirt \$20.00

**ALL 3 PAGES MUST BE COMPLETELY FILLED OUT TO ENROLL IN CAMP**

# Garrod Farms Summer Day Camp 2017

## Code of Conduct

1. Campers are expected to show courtesy and respect for the fellow participants, Garrod Farms Staff, and the animals.
2. Campers are expected to use appropriate language. Obscene, derogatory, and abusive language is prohibited
3. Campers shall not engage in any form of harassment. Harassment consists of conduct of any type (including, but not limited to, written, verbal, or physical contact) which has the purpose or effect of interfering with an individual's performance and enjoyment.
4. Campers are expected to be well-behaved and follow the instructions of the Camp Staff. Unruly or uncooperative behavior will not be tolerated, and parents will be called to pick up child.
5. Any behavior that could expose others to a high likelihood of injury or endangerment is prohibited. This includes any horseplay, aggressiveness or other negative behaviour.
6. Campers are expected to work together, follow the camp rules, be mindful of the animals, and generally take care of each other.

**Failure to abide by this Code of Conduct may result in the immediate dismissal from the Garrod Farms Day Camp Program.**

There is no refund if the camper is asked to leave camp.

I have read, and understand, this Code of Conduct:

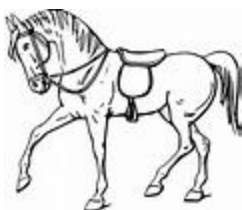
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Camper

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Parent

Date \_\_\_\_\_



Code of Conduct 2017 has been read and signed

## MEDICAL STATEMENT FOR PARTICIPATION IN HORSEMANSHIP ACTIVITIES

To be filled out completely and signed by parent /guardian of horse camp participant.

I hereby certify that (he, she) is not under the influence of alcohol or drugs, or under treatment for any physical infirmity or chronic ailment, or injury of any nature, and that (he, she) has normal vision and has never been treated for any of the

- following:
- 1) cardiac or pulmonary condition or disease
  - 2) high or low blood pressure
  - 3) fainting spells or convulsions
  - 4) diabetes
  - 5) nervous disorders
  - 6) hard of hearing
  - 7) kidney or related diseases

Allergies: \_\_\_\_\_

\*Date of Participant's last Tetanus shot: \_\_\_\_\_ (required)

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE OF INTEREST

I (PARENT NAME) \_\_\_\_\_ am aware that Horsemanship activities may be HAZARDOUS ACTIVITIES, and I am VOLUNTARILY participating in these activities with knowledge of the DANGER involved and HEREBY ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH (parent initial)\_\_\_\_\_.

In addition, I HEREBY INDEMNIFY, RELEASE AND DISCHARGE Stables, Garrod Trust, and the Trustees, Officers, Directors, Employees, and Agents there of, and each of them, from all actions, claims, or demands I, my heirs, distributees, Guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from participation in horsemanship activities.

Signature \_\_\_\_\_

Rider

Parent/Guardian

Date: \_\_\_\_\_

