

Four Points Farm Camp Registration

Camper Information:

Name: _____

Age: _____ Gender: _____ T-Shirt Size: _____ School: _____

Riding Experience: (Circle all that apply)

None 1 year or less 2 years 3 years 4 years 5 years

Continuous lessons / Occasional riding

Style of Riding: (Circle all that apply)

Saddle Seat Hunt Seat Western Pleasure Dressage Trail

Not Sure Other: _____

Camper can do the following: (Circle all that apply)

Walk Trot Posting Trot Diagonals Canter Never on Horse

**Please list any information you feel we should know in order to better serve your child.
(Allergies, medications, etc.)**

Emergency Contact: _____ Relation to Camper: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Parent Information:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Insurance Info: _____

Camp Sessions:

The number of students in each camp is limited. The camp sessions are filled on a first come, first serve basis. Please list your first choice and your second choice. We will do our very best to accommodate you while providing a fun and safe environment for your child.

_____ June 27-July 1, 2011

_____ July 18-22, 2011

Payment:

The cost is \$300 per week. Payment in full must be received before your child can participate in camp activities. All payments are non-refundable. If a problem arises we can transfer your child to another week or transfer the funds into the lesson program.

METHOD OF PAYMENT:

Check/Money Order made payable to Four Points Farm

Visa

MasterCard

Discover

Card # _____ / _____ / _____ / _____

Expiration Date: _____ / _____

CVD# _____

(Last 3 digits on signature panel on back of card)

Billing Address & Zip Code: _____

Signature: _____

Release Forms:

All release forms for Four Points Farm and Hidden Dreams Farm must be signed and returned to Four Points Farm/Melinda Hyde before your child can participate in any activities while attending the Summer Horse Camp.

I understand that in case of an emergency and I am/we are unable to be contacted, I/we give permission to Four Points Farm/Melinda Hyde to authorize any emergency action necessary to insure the safety of my/our child. I/we do not in any way hold Four Points Farm/Melinda Hyde/Hidden Dreams Farm financially responsible or otherwise for any medical or emergency care given.

I/We permit my/our child to participate in all activities, and hereby release Four Points Farm/Melinda Hyde/Hidden Dreams Farm and all employees of any liability arising on the premises while my/our child is attending camp.

I/We understand horses are unpredictable in nature and therefore FLASH CAMERAS are strictly PROHIBITED in the barn or arena while any person is riding or driving a horse.

I/We understand due to safety concerns, it has been found necessary that parents desiring to observe camp activities are restricted to observation areas during camp hours.

WARNING

UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY. (P.A. 351)

Signature: _____ Date: _____

Photography Release:

You have my permission to use photographs and/or videotape of my child for use in our brochures or advertising pieces.

Parent Signature: _____ Date: _____

DO NOT USE PHOTOGRAPHS OF MY CHILD _____

How did you learn about our camp program? _____

Please send to: Four Points Farm c/o Melinda Hyde 3356 Jay St., Wixom, MI 48393