



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

**Application Form—Summer Horse Day Camp**

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

Parent's Name \_\_\_\_\_ \*Sex: \_\_\_\_\_ \*Height \_\_\_\_\_ \*Weight \_\_\_\_\_

Address \_\_\_\_\_ \*City \_\_\_\_\_ \*Zip \_\_\_\_\_

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

\*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:** \_\_\_\_\_ No (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 Before? Rec Dept? \_\_\_\_\_ How many **weeks**? \_\_\_\_\_  
 Garrod Farms? \_\_\_\_\_ How many **weeks**? \_\_\_\_\_  
 Other? (please indicate) \_\_\_\_\_

**Applying as a:** CAMPER \_\_\_\_\_  
 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* 2-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

OFFICE USE  
 Date Rec'd:  
 Dep. Paid:  
 Payment type:  
 Confirmation Sent:

◆ 2<sup>nd</sup> T-shirt \$20.00

## 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                |                               |

Has this camper had counseling in the past two years for behavior, family conflicts, self-esteem problems or other needs? Yes\_\_ No\_\_. Does your child have ADD or ADHD? Yes\_\_ No\_\_. Is there any reason that your child may not be able to work in a group with the rest of the campers on a regular basis? Yes\_\_No\_\_. If yes to any of these questions, please give more detail on a separate sheet. This helps us in assigning appropriate horses and activities for the campers.

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: \_\_\_\_\_

