

Camp Week Selected:

June 22-26

July 13-17

August 3-7

August 24-28

Hawks Hollow Farm

Summer Camp 2020 Registration

Health History and Emergency Form

Camper's Full Name _____

Address: _____

Birth Date _____ Age _____ M / F (circle one)

Mother's Name: _____

Email Address: _____

Cell Phone _____ Home Phone _____

Work Phone _____

Father's Name: _____

Cell Phone _____

Home Phone _____ Work Phone _____

Emergency Contact Name (other than parent): _____

Cell Phone _____

Home Phone _____ Work Phone _____

Primary Care Physicians Name _____

Phone _____

Address _____

Health Insurance Company _____

Policy Number _____

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- All medication is self-administered by participant. Participant must know what their medication is, be able to recognize it, know the dosage and when to take it.
- Due to possible side effects, the 1st dose of new medicine must be taken at least 24 hours prior to attending camp.
- All medications taken during program hours must be in their original pharmaceutical containers.

Please describe any past medical treatments, immunizations, allergies (specific type), health problems; including any physical, psychiatric, or behavioral problems, and any dietary or other special needs you feel pertinent to your child's care.

Medical Information

Parent/Guardian, complete this section if participant is currently taking medication at home.

Name of Medication(s) _____

Reason for Medication(s) _____

Medication Dose _____

Directions for Medication(s) _____

Possible Side Effects of Medication(s) _____

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____

Physicians Authorization

Complete this section if participant will be taking medication, including epi-pens and inhalers during camp hours, or has physical limitations/current or past injuries.

THIS SECTION MUST BE COMPLETED AND SIGNED BY A PHYSICIAN

Name of Medication(s) _____

Reason for Medication(s) _____

Medication Dose _____

Directions for Medication(s) _____

Physician Name (printed) _____

Physicians Signature _____

Physician Address _____

Physician Phone Number _____

Waiver to carry Epi-pen Asthma Inhaler

Parent/Guardian, Complete this section if participant will be carrying an Epi-pen or asthma inhaler during camp.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I _____ (parent/guardian) hereby request that _____ (participant) be allowed to keep the appropriate prescribed device on his/her person while participating in all Hawks Hollow Farm activities. The prescribed device is:

(please circle) Epi-pen Asthma Inhaler

I understand that to qualify for this exemption, my child must be capable of safely storing the necessary epi-pen or asthma inhaler on his/her person (fanny pack or pocket) and using the device appropriately.

Signature of Parent/Guardian _____ Date _____

Medication Release Authorization

ALL PARENTS/GUARDIANS MUST SIGN THESE SECTIONS BELOW

I hereby represent and warrant that if the participant is a minor, I am his/her Parent/Guardian and authorized to provide the waiver, medication information and release authorization contained herein and agree to the Hawks Hollow Farm policies as stated above.

I agree to release Hawks Hollow Farm and its agents from any and all liability arising as a result of this waiver.'

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____ Date _____

Care and Treatment Consent

I, _____ (print your name) , the Parent/Guardian

of _____ (print child's name) ,give Hawks Hollow Farm and/or its staff authorization and consent to treat my child for illness and injury as needed. In case of a medical emergency, Hawks Hollow Farm and/or its staff have my consent and authorization for a physician or medical facility to treat my child for injuries sustained in the event that I am not able to be contacted for the consent of treatment. In the event of a medical emergency, your child will be taken to the nearest hospital emergency room. Your signature authorizes the responsible person at Hawks Hollow Farm and/or its staff to have your child transported to that hospital by ambulance if necessary.

Signature of Parent/Guardian _____ Date _____

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Person(s) authorized to pick up your child (in addition to Parent/Guardian listed above) Please print clearly. You must include full name, address and phone number. _____

Before and After Care

Please circle below if before and/or after care is needed. There is an additional charge of \$30.00 for before care for the week or \$50.00 for aftercare for the week or \$75 for before and after care for the week.

Before Care: 8am-9am

After Care: 3pm-5pm

No Before and After Care is needed

*If extra time is needed, please let us know so we can properly accommodate you.

REGISTER EARLY! SPACE IS LIMITED!

To reserve your space, please remember to include...

This completed form

Completed Health Form

Completed Terms of Enrollment Agreement

\$400 registered before March 1st

\$425 Registered before April 15th

\$450 Registered after June 1st

Payment can be made by **check** written to **Hawks Hollow**. Payments can also be made via **Venmo** to **@Robert-Weyforth** or **Paypal** to **hawkshollowhorsefarm@gmail.com**

Please call or text me with any questions at 443-414-8199 ... Rob

Things to Bring For the Week

- Sunscreen (child must apply)
- Bug Spray (Child must apply)
- Lunch
- 1 refillable water bottle
- Change of clothes and shoes is recommended
- Swim wear
- Helmets and Riding Boots (we do have helmets available for those who do not own one)

Hawks Hollow Farm
7615 Bradshaw Road Kingsville, MD 21087
www.hawkshollowfarm.com

**Hawks Hollow Farm
Summer Camp 2020 Registration
Terms of Enrollment Agreement**

All Parents/Guardians must sign below after reading this entire document!

- Campers must be between the ages of 6 -13 years old to attend camp.
 - All deposits and fees are non-refundable. No refunds or credits will be made for absences, illnesses, suspensions, dismissals or cancellations.
 - The camper and parents/guardians agree to abide by the rules and regulations set by Hawks Hollow Farm for the health, safety, and welfare of the campers.
 - Hawks Hollow Farm or other authorized staff reserves the right to deny, cancel, sever, or suspend a child's enrollment if deemed for the best interest of the camper or the camp with no refund.
 - Hawks Hollow Farm is not responsible for the camper's equipment or personal belongings while in at the camp, if lost or stolen or damaged by theft, fire, or otherwise.
 - I am responsible for any medical costs incurred by my child while enrolled at camp. I assume sole responsibility of any first aid treatment sought and received from Hawks Hollow Farm and/or its staff including, but not limited to, allergic reaction to first aid and remedies rendered.
 - I am responsible for the cost of repairing or replacing any property that my child damages at Hawks Hollow Farm.
 - There will be a \$40.00 fee for any checks returned. The full amount of the check plus the \$40.00 fee is due in cash immediately upon notice.
 - I, the parent/guardian thereof a minor, do hereby voluntarily request and agree to participate in riding instruction as a student of Hawks Hollow Farm, and that this student will ride a school horse provided by Hawks Hollow Farm for instructional purpose.
 - I understand that horseback riding is classified as a rugged adventure recreational sport activity, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions.
 - I understand that Hawks Hollow Farm is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way.
 - I agree that my child will wear protective headgear (approved equestrian riding helmet) while around and mounted on the horses.
 - I agree to sign a waiver of liability form from Hawks Hollow Farm.
- In consideration of Hawks Hollow Farm allowing my participation in this activity, under the terms set forth herein, I, the parent/guardian of _____
(child's name) ,do agree to hold harmless and release Hawks Hollow Farm, its

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owners, agents, employees, officers, members, students, premises owners, affiliated organizations and insurers from legal liability due to Hawks Hollow Farm's ordinary negligence; and I do further agree that except in the event of Hawks Hollow Farm's gross and willful negligence, I shall bring no claims, demands, actions and causes of actions, and/or litigation, against Hawks Hollow Farm and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of Hawks Hollow Farm, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of Hawks Hollow Farm.

SIGNER STATEMENT OF AWARENESS

I/We, the undersigned, have read and do understand the foregoing agreement, warnings, release and assumption of risk. This agreement shall be legally binding.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature Date _____

Child's Name (printed) _____

Child's Signature Date _____