

Vintage Oaks Farm

1749-B W. Jarrettsville Rd

Jarrettsville, MD 21084

VintageOaksHorseFarm@gmail.com

(443) 310-0315

2021 Clinic Week Registration Form

CLINIC DATES

Aug 17-20 **(4 days)**

8:30am-3:30pm

Cost \$500

Child's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Date of Birth: _____ Height: _____ Weight: _____

Parent's Name: _____

Home Number: _____ Work Number: _____

Cell Number: _____

Email: _____

Is anyone else going to be dropping off or picking up your child: () YES () NO

If so, please list name(s): _____

After Care

After care is available for 1 hour after the end of the camp day. See the top of first page for camp hours. Arrangements **must** be made ahead of time. After Care is \$25 per day.

Will you need After Care: () YES () NO

What days () Tuesday () Wednesday () Thursday () Friday

****Please call the week prior to the start of camp to confirm times for pick up if you need After Care****

Emergency Contact Info

Emergency Contact Name(s): _____

Phone Number(s): _____

Doctor's Name: _____

Doctor's Phone Number: _____

Health Information

Allergies:

Medications:

Other medical Information:

Date of last tetanus immunization: _____

Waiver/Rules: I understand that no refunds will be given unless written notice is given prior to 30 days before camp. My child has no physical impairment that would prevent him/her from participating in the camp. I authorize Vintage Oaks Farm, LLC and their counselors to act for my child and me in any emergency requiring medical attention. I agree to indemnify and hold harmless Vintage Oaks Farm, LLC and owners, directors, officers, representatives, employees, counselors, agents, and assigns, from and against any and all claims or liabilities to me or anyone else for any injuries or illness whatsoever including, without limitations to, injuries to my child, and/or property, arising out of or incident to their participating in the Vintage Oaks Farm Summer Camp.

You assume the risk of equine activities pursuant to Pennsylvania Law.

Parent/Guardian Signature: _____ Date: _____

- ✓ To hold your child's spot, the Registration Form must be **completely** filled out & signed by a Parent or Guardian. Deposit of \$100 **must** be included also.
- ✓ Full amount, minus \$100 deposit, is due 30 days before the start of camper's session.
- ✓ Spaces are limited, please get you Registration & Deposit returned early to hold your child's spot!
- ✓ Make check Payable to **Kelle Lerch or VENMO @Kelle-Lerch**
- ✓ Mail or drop off to **1749-B W. Jarrettsville RD, Jarrettsville MD 21084**