

Kimberly Farms Riding Stable
1214 Cross Hill Road
No. Bennington, VT 05257
Email: kimber@sover.net
Web site: www.KimberlyFarms.org
802-442-5454

SUMMER 2010 SESSIONS

DATE:
RE: Registration Verification

This letter will register your camper for Kimberly Farms Overnight Horse Camp. Please select the week or weeks desired below.

Camper check-in is promptly at 3pm on Sunday. We will begin camper orientation after all campers are settled in. Please be on time. Camper check-out is promptly the following Saturday at 10:00 am. Any camper late check-outs will be assessed a fee of \$ 10.00 per 10 minutes late. We do move on to other activities with the remaining campers.

Sign and return these forms by mail, email or fax. (802-442-4675). Enclose deposit of **\$ 300.00 per week of camp as a non-refundable registration fee. Balance is due April 20, 2010.**

_____ Session #1 June 27th to July 3th, 2010
_____ Session #2 July 4th to July 10th, 2010
_____ Session #3 July 11th to July 17th, 2010
_____ Session #4 July 18th to July 24th, 2010
_____ Session #5 July 25th to July 31th, 2010

Fees :

1 week overnight fee is \$ 925.00 per camper
2 week 1850.00
3 week 2775.00
4 weeks 3700.00
5 weeks 4625.00

Deposit of \$ 300.00 must accompany this application: Balance is due by April 20, 2010.

Check# _____ date _____

Credit card number _____ exp.date _____ 3 digit code _____

Parental signature _____ date _____

**KIMBERLY FARMS
2010 CAMPER APPLICATION**

Name of Camper: _____ Date of Birth: _____ Age: ____ Sex: M F

Camper Height: _____ Camper Weight: _____ Camper T-Shirt Size: _____

Social Security #: _____ Phone # : (____) _____

Home Address: _____ City: _____ St: ____ Zip: _____

Camper email: _____ Parent email: _____

Health Insurance Name and Policy #: _____

Person to Contact in Case of Emergency: _____ Relationship: _____

Their Address: _____ Telephone: (____) _____

INDIVIDUAL ABILITIES:

All campers must be between the ages of 6 and 16. Horseback riding is arranged depending on the camper's individual ability. There is a maximum number of campers per session of 15, allowing for very individualized riding for each camper. Kimberly Farms Camp is a non-smoking environment.

Please describe briefly your campers horseback riding experience: _____

Please describe briefly your camper's goals for horse camp:

Special needs: (check those that apply and explain)

_____ Allergies _____ Diet _____ Other

_____ Asthma/Breathing _____ Hearing

Explain: _____

MEDICATIONS: _____ None _____ Yes, as listed below

Name of Med. _____ Dosage: _____ Given at: _____

Name of Med. _____ Dosage: _____ Given at: _____

Name of Med. _____ Dosage: _____ Given at: _____

CAN YOUR CAMPER SWIM? _____ Yes _____ No Explain: _____

Previous Kimberly Farms Camper? Indicate dates attended:



PHYSICAL EXAMINATION FORM
Kimberly Farms Riding Stable

This information is to assist us in providing appropriate care. Any changes to this form should be provided to health personnel upon participant's arrival at camp. This form **must** be signed by camper's parent or guardian.

Name: _____ Birth Date: _____ Age: _____
Last First Middle

Home Address: _____ City: _____ ST: _____ Zip: _____
SS Number: _____ Male: _____ Female: _____
Custodial parent/Guardian: _____ Phone (____) _____
Home Address: _____ City: _____ ST: _____ Zip: _____

INSURANCE INFORMATION:

Indicate Name of Insurance Carrier or Plan: _____ Policy/Group#: _____
Carrier Address: _____ City: _____ ST: _____ Zip: _____
Name of Insured: _____ Relationship to Camper: _____
Social Security Number of Policy Holder or Insurance ID Number: _____

ALLERGIES: List all known: Describe reaction and management of the reaction.

Food Allergies (list)

Other Allergies (List)

MEDICATIONS BEING TAKEN

List ALL medications including over-the-counter/non prescription drugs. BRING ENOUGH MEDICATION TO LAST THE ENTIRE TIME AT CAMP. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, dosage, and the frequency of administration.

_____ This person takes NO medications on a routine basis **OR** _____ This person takes medication as follows:

Med #1 _____ Dosage _____ specific times taken each day _____

Reason for taken _____

Med #2 _____ Dosage _____ specific times taken each day _____

Reason for taken _____

Attach additional pages for more medication. Identify any medications taken during the school year that camper does not take during the summer: _____

DIETARY RESTRICTIONS (please circle)

Red Meat Pork Dairy Products Poultry Seafood Eggs

Other _____

PHYSICAL LIMITATIONS/RESTRICTIONS

GENERAL QUESTIONS (Explain "Yes" answers below):

- | | | | |
|---|-------|---|-------|
| | Y/N | | Y/N |
| 1. Recent injury, illness, infections disease | _____ | 16. Back problems | _____ |
| 2. Chronic/recurring illness/condition | _____ | 17. Problems with joints/knees/ankles | _____ |
| 3. Ever hospitalized | _____ | 18. Have orthodontic appliance | _____ |
| 4. Had surgery | _____ | 19. Skin problems (itch/rash/acne) | _____ |
| 5. Frequent headaches | _____ | 20. Diabetes | _____ |
| 6. Ever had a head injury | _____ | 21. Asthma | _____ |
| 7. Ever been knocked unconscious | _____ | 22. Had mononucleosis in past 12 months | _____ |
| 8. Glasses, contact lens, protective eye gear | _____ | 23. Problems with diarrhea/constipation | _____ |
| 9. Frequent ear infections | _____ | 24. Sleepwalking | _____ |
| 10. Passed out during or after exercise | _____ | 25. Abnormal menstrual history | _____ |
| 11. Dizzy during or after exercise | _____ | 26. History of bed wetting | _____ |
| 12. Chest pain during or after exercise | _____ | 27. Eating disorder | _____ |
| 13. Seizures/convulsions | _____ | 28. Emotional difficulties with therapy | _____ |
| 14. High blood pressure | _____ | 29. Heart murmur | _____ |

Comments: _____

Which of the following has the participant had ?	Please give date of last immunization for:			
	Date	Vaccine	Date	Vaccine
_____ Measles	_____	DTP	_____	Measles
_____ Chicken Pox	_____	Rubella	_____	TD (tetanus/diphtheria)
_____ German measles	_____	Tetanus	_____	Haemophilus influenza
_____ Mumps	_____	Polio	_____	Varicella Zoster

Date of last TB Mantoux Test: _____/Results: _____

Additional Comments: _____

Name of Family Dentist/Orthodontist: _____ Phone: (____) _____
Address: _____ City: _____ ST: _____ Zip: _____
Name of Physician: _____ Phone: (____) _____
Address: _____ City: _____ ST: _____ Zip: _____
Fax Number (____) _____

PARENT SIGNATURE: _____ DATE: _____

Important – This section must be completed by parent/guardian for camper’s attendance. Permission to Provide Necessary Treatment or Emergency care: I hereby give permission for medical necessary for insurance purposes; and to provide/arrange necessary related transportation for me/or camper in the event I cannot be reached in an emergency. I hereby give permission to the medical personnel to secure and administer treatment, including hospitalization for the person named above. I agree to abide by the restrictions as specified above during camp.

Signature of parent/guardian or adult camper: _____ Date: _____

CLOTHING AND EQUIPMENT

Please send durable clothes and **label** all items with camper's name. Laundry Service is available for campers staying more than one week. This is a minimum list of items for one week of camp.

- _____ 1 sleeping Bag
 - _____ 1 pillow Case
 - _____ 6 pairs of jeans/long pants (for cold days)
 - _____ 6 pairs of shorts (for hot days)
 - _____ 2 bathing suits
 - _____ 1 hat/cap
 - _____ 8 shirts/blouses, 3 sweatshirts/sweaters
 - _____ 1 warm coat/heavy jacket and/or raincoat
 - _____ 10 pair of socks
 - _____ 10 sets of underwear
 - _____ 2 pair of pajamas
 - _____ 2 pair of tennis shoes, 1 pair of boots
 - _____ 1 pillow
 - _____ Laundry bag
 - _____ 3 towels/wash cloths, w beach towels for pool
 - _____ Toothbrush, toothpaste, deodorant, soap, sun screen, mosquito/bug repellent
 - _____ Camera, film, batteries for camera
 - _____ Addressed/stamped postcards or envelopes, paper, pen/pencil
- NOTE: \$60.00 to \$65.00 spending money for field trips.

RULES TO LIVE BY

We are thrilled to welcome you to an exciting and challenging week at Camp! To make your stay safe and enjoyable, as well as being considerate of others, all Campers and Staff are governed by these:

RULES TO LIVE BY

1. Treat others with courtesy and respect their property at all times.
2. Be aware of the civil and legal rights of others.
3. Show enthusiasm and have a positive attitude.
4. Be prompt when participating in the daily schedule of events and activities.
5. Use all equipment and supplies properly and put away when finished.
6. Swim only at designed times, with supervision.
7. Stay within the areas specified for your use.
8. Immediately report any accident, illness, injury or inappropriate behavior.
9. DO NOT bring tobacco products, alcohol or non-prescription drugs.
10. DO NOT bring any electronic devices, or valuables.

REMINDER
KIMBERLY FARMS CAMP IS A NON-SMOKING ENVIRONMENT