

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 2008 SESSIONS

DATE:
RE: Registration Verification

This letter will confirm your registration for Kimberly Farms Overnight Horse Camp. Please select the week or weeks below desired. Attached you will find notices.

- 1) Supply/Clothing List
- 2) Hold Harmless
- 3) Physical Examination Form.
- 4) Field Trip Consent.

Please be sure to read each notice and understand the requirements for camp attendance sign and return.

Camper check-in begins on Sunday at 4:00 PM. Checkout begins at 8:00 AM and must be completed before 10:00 AM the following Saturday.

Sign and return these forms and return as soon as possible by mail or fax (802-442-4675). Enclose payment of the \$750.00 registration fee, if after April 15, 2008. Prior to April 15, 2008: \$250.00 non refundable registration fee, balance due April 15, 2008.

**if campers will be staying consecutive weeks, add \$50.00 per week to fees.

- _____ Session #1 June 29th to July 5th, 2008
_____ Session #2 July 6th to July 12th, 2008
_____ Session #3 July 13th to July 19th, 2008
_____ Session #4 July 20th to July 26th, 2008
_____ Session #5 July 27th to August 2nd, 2008

- 1 WEEK OVERNIGHT FEE IS \$ 750.00 PER CAMPER**
2 WEEKS OVERNIGHT FEE IS \$1500.00 PER CAMPER
3 WEEKS OVERNIGHT FEE IS \$2250.00 PER CAMPER
4 WEEKS OVERNIGHT FEE IS \$2950.00 PER CAMPER

Deposit of \$250.00 to accompany application. Balance is due April 15, 2008.

Check # _____ Date: _____

Credit Card Number: _____ Expiration Date: _____
Additional \$20.00 service fee to use credit cards

Signature (parent or guardian) Date

**KIMBERLY FARMS
2008 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: _____

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

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

Previous Kimberly Farms Camper? Indicate dates attended:

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	_____	Haemophilos influenza
_____ Mumps	_____	Polio	_____	Varicelia 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**