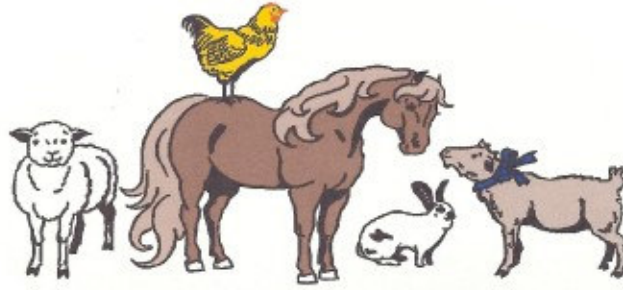


# Friendly Pony Parties and Barnyard Pals



## SUMMER CAMP APPLICATION

Campers Name: \_\_\_\_\_

Camp Session: \_\_\_\_\_ Dates: \_\_\_\_\_

Pony Camp / Barnyard Farm Camp (Circle One)

Email Address: \_\_\_\_\_ / \_\_\_\_\_

To reserve your session please complete and sign the registration/Release forms, then mail to Friendly Pony Parties, along with your payment.

\*Friendly Pony Parties reserves the right to cancel any session due to low enrollment.

Reservation: 50% deposit (Non-refundable 6 weeks prior to the first day of camp)

Payment: Payment in full is due 3 weeks prior to camp. (Nonrefundable)

Make checks payable to: **Friendly Pony Parties**

Mail to:

**Friendly Pony Parties and Barnyard Pals  
232 Carmel Avenue  
Pacifica, CA 94044**

### Camper's Information

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Please indicate riding ability: \_\_\_\_\_

How did you find out about Friendly Pony Parties Summer Camps? \_\_\_\_\_

\_\_\_\_\_

Contact Information - Parents/Guardian's

Name \_\_\_\_\_ Relation: \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relation: \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Camper's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contacts

Best person to contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

2nd Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

3rd Contact \_\_\_\_\_ Relation: \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

4th Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Health History

List any conditions the camper is under the care of a physician for: \_\_\_\_\_

\_\_\_\_\_

Current treatment or medication: (All medication must be in original container, must have clear dosage instructions and must be turned over to the camp staff upon arrival at Friendly Pony Parties Summer Camps.

Explain any loss of consciousness, convulsions, or concussions: \_\_\_\_\_

\_\_\_\_\_

Does the camper have epilepsy? Yes [ ] No [ ] Does the camper have diabetes: Yes [ ] No [ ]

Any medically prescribed meal plan or dietary restrictions:

\_\_\_\_\_

List all FOOD allergies:

\_\_\_\_\_

List all other allergies:

\_\_\_\_\_

Any activities the camper is not allowed to do: \_\_\_\_\_

\_\_\_\_\_

Has the prospective camper received counseling or treatment for behavior including ADD or ADHD, depression, family conflicts, self-esteem problems or other needs? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

Any additional Health information: \_\_\_\_\_

\_\_\_\_\_

**Insurance Information**

Health Insurance Carrier: \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy Number: \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_

& Phone Number \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

**CONSENT FORM**

I,do hereby, give my consent to Friendly Pony Parties and Barnyard Pals and Pastorino Farm and any of it's employees or representatives to have myself treated by any physician or surgeon in case of sudden illness or injury while at Friendly Pony Parties Camps located on Pastorino Farm.

X \_\_\_\_\_  
Parent/Guardian

X \_\_\_\_\_  
Date

**MINOR CONSENT FORM**

I, do hereby give my consent to Friendly Pony Parties and Barnyard Pals and Pastorino Farm and any of its' employees or representatives to have my child treated by any physician or surgeon in case of sudden illness or injury while participating in Friendly Pony Parties and Barnyard Pals camps on Pastorino Farm.

X \_\_\_\_\_  
Parent/Guardian

X \_\_\_\_\_  
Date

Liability Waiver/Release From 'Pastorino Farm' and 'Friendly Pony Parties and Barnyard Pals'

1. I hereby enter at my own risk, and have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Pastorino Farms and Friendly Pony Parties, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

2. I understand the potential dangers that I could incur in mounting, riding, walking, boarding, and or feeding said horse; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release that Pastorino Farm and Friendly Pony Parties, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with that Pastorino Farm and Friendly Pony Parties from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to mount and ride a horse owned or operated by Pastorino Farm or Friendly Pony Parties.

3. I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.

4. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.

5. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's (s') negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: mounting; riding; dismounting; walking; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional's directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.

Minors must have the following liability signed by their parents or legal guardians:

We the undersigned parents/guardian of, for and in consideration of our child's participation in horse related activities at Pasturing Farm, state that we have read the waiver and release written above and we expressly agree that the terms and conditions of said waiver and release shall apply to and be binding upon us and our minor child insofar as it pertains to his or her participation and to any injury or damage said minor child may sustain or cause as a result of said participation in horse related activities.

Safety Attire

While involved in horse-related activities, I agree to wear the following safety equipment to help prevent injuries and/or death. A properly fitted ASTM certified helmet fastened securely under the chin. If I do not have a helmet, I can ask Friendly Pony Parties to provide one for me. Required are hard-soled, low-heeled shoes or boots and long pants.

I do declare under penalty of perjury that the foregoing is true.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Camper: \_\_\_\_\_ Date: \_\_\_\_\_

You agree to provide true, accurate, current and complete information in all relations with FPPBP