

# Root Farm Horse Camp

**ELIGIBILITY and HOURS OF OPERATION** Children ages 6 and up are invited to join Horse Camp at Root Farm. **Camp hours are 9:00am - 1:00pm Monday through Friday.**

I keep my camps small in size so I can be sure we stay safe and have fun.. while attending to each child's needs with the horses. We will have 4 campers, per week, during horse camp weeks. Along with extra helpers so each rider feels secure and confident!

**REGISTRATION** Please complete the attached registration and waivers.

**ATTENDANCE** Each morning and each afternoon we require a parent or guardian to sign-in and sign-out their campers with one of our farm counselors.

## **HORSE CAMP HIGHLIGHTS**

Horse Camp is for any rider that is eager to learn all about horses!! We'll focus on safety on the ground and while riding.

We will play games, groom, feed and more...

No previous horse experience necessary. we will take any level of rider and work within each rider's comfort zone.

We will ride, ride and ride some more!! Work on groundwork skills, obstacles, and preparing you for more advanced riding...

For both sessions Friday is Trail Day! We will meet at either Ragle Ranch Park in Sebastopol or Riverfront Regional Park in Healdsburg

**RATES** Horse Camp is \$395 for the week.

**DISCOUNTS** Sorry, There are no discounts for horse camp.

# Registration Checklist

Please use a separate checklist for each child registered.

Child's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Email/phone # \_\_\_\_\_

Thank you for registering your child for Horse Camp!

Below is a quick checklist showing exactly what we'll need from you in order to consider your child registered.

\_\_\_\_\_ Root Farm Summer Camp Contract

\_\_\_\_\_ Camper Emergency Form

\_\_\_\_\_ Completed Riding Liability Waiver (if your child takes riding lesson with Joy, you do not need to fill out the riding waiver again)

\_\_\_\_\_ A check, made out to Root Farm, for camp fees

Payment for each session is due at the time of registration.

We look forward to seeing your child at Root Farm Horse Camp!

Please send your completed registration and payment to....

Joy Hamel

Root Farm

896 Matsuda lane

Sebastopol, CA 95472

For Office Use Only: Payment Amount Received: \_\_\_\_\_

Date: \_\_\_\_\_ Check #: \_\_\_\_\_

# Root Farm Horse Camp Contract

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent's name: \_\_\_\_\_  
Daytime phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_

Circle the Session you are registering for... 4 children (each session) ages 6 and up

## HORSE CAMP

Session 1 ..... June 18 - 22

Session 2 ..... June 25 - 29

Please list any allergies, food intolerances, fears, strengths, weaknesses, emotional needs, or anything else we should know about your child. Also include any previous riding experience. Please use space on the back if needed

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I have read and understand Root Farm Summer Camp policies. I have completed the required paperwork for registration. I agree to pay fees regardless of absences of any kind. I have paid in full fees totaling \$\_\_\_\_\_.

Further, I give consent for my child to participate in the above camps and agree to indemnify and hold Root Farm and its land owners harmless and release them from any and all liability for any injury arising out of these camps. I understand that Root Farm does not provide medical insurance, and I assume all risk for any injuries received.

**Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

# Camper Emergency Form

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ M ( ) F ( ) Birth Date \_\_\_\_\_

Emergency numbers in case of need: In case of emergency, illness, or accident to the child named above. The camp is authorized to proceed as indicated. Number each item 1, 2, 3 etc., in order of desired action.

( ) contact parent/caregiver/guardian at : \_\_\_\_\_

( ) contact parent/caregiver/guardian at : \_\_\_\_\_

( ) contact friend at : \_\_\_\_\_

In case of emergency, I authorize that my son/daughter be taken to the nearest medical center for treatment (Palm Drive Hospital, or closest alternative), if I am unavailable.

\_\_\_\_\_  
signature of parent of guardian

\_\_\_\_\_  
date

In the event of an emergency or disaster I authorize Root Farm staff to release my child to the following individuals:

\_\_\_\_\_  
name address phone

\_\_\_\_\_  
name address phone

\_\_\_\_\_  
name address phone

\_\_\_\_\_  
signature of parent of guardian

\_\_\_\_\_  
date