

## Full Moon Farm 2021 Camper Registration Form

Camp(s) you would like to attend:	<input type="checkbox"/> Week 1 (June 28 - July 2) <input type="checkbox"/> Week 2 (July 26 - July 30) <input type="checkbox"/> Week 3 (Aug 23 - Aug 27)
Camper's Full Name:	
Preferred Name/Nickname:	
Date of Birth:	
Gender:	
T-Shirt Size (YS - AXXL):	
Address:	
Parents'/Guardians' Names:	
Email Address(es):	
Phone Number(s):	
<p><i>Please briefly describe any current/past riding experience. (Any trail/pony rides? Can your rider walk, trot, canter, &amp;/or jump?)</i></p>	

**Details:** All registrations to be completed online

**Cost:** Early Bird Rate: \$425 per week per camper (paid in full at registration)

Regular Rate: \$460 per week per camper (paid in full at registration)

**Camp hours:** Dropoff: 8:45-9:00am / Pickup 2:45-3:00pm

Beforecare\* offered 8:00am - 8:45am (\$10 per day)

Aftercare\*\* offered 3:00pm - 4:00pm (\$15 per day)

*\*Please note that there is NO Beforecare on Monday!*

*\*\*Please note that there is NO Aftercare on Friday!*

**Cancellation policy:**

If cancelled *prior* to June 1st: 100% refund, less a \$50.00 registration fee.

If cancelled *on/after* June 1st: 100% refund, less a \$50.00 registration fee, but *only if* your spot is filled from our waitlist.

EIN: 52-2132627 – Receipt for tax purposes or family savings plan must be produced at registration.

# Full Moon Farm

## Camper Pick-Up and Release Information

**Camper Name:** \_\_\_\_\_

All campers must be signed in and out daily.

In order to provide a safe experience for our campers, **ONLY** the persons listed below will be allowed to pick up your camper. Any changes must be given to the camp director in writing by a parent/guardian.

**Parent(s) or guardian(s) picking up child:** \_\_\_\_\_

I/We give permission for the following additional person(s) to pick up my child if I/we cannot:

<u>Name:</u>	<u>Relationship to Camper:</u>	<u>Phone Number:</u>
<u>Name:</u>	<u>Relationship to Camper:</u>	<u>Phone Number:</u>
<u>Name:</u>	<u>Relationship to Camper:</u>	<u>Phone Number:</u>
<u>Name:</u>	<u>Relationship to Camper:</u>	<u>Phone Number:</u>

Please note here if the camp should be aware of special custodial or safety issues:

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Please note that my child should **NOT** be released to the following person(s) at any time:

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**Before and After Care:** No Beforecare on Monday; No Aftercare on Friday

My child needs Beforecare and/or Aftercare the following day(s):

	Beforecare?	Aftercare?
Monday	N/A	
Tuesday		
Wednesday		
Thursday		
Friday		N/A

# Full Moon Farm

## Camper Request for Horses / Activities

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

**Dear Camper,**

This is your camp week and we want to make it a great time for you! Help us include your interests by returning your forms early!

### **Horse Requests**

If you are a current student at Full Moon Farm or have attended camp with us previously, there may be a special pony/horse you would like to ride during camp. (You may want to ride an old favorite or challenge your skills with a new horse!) We will try to meet your requests as much as possible.

If you have any preferences please list them below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **Activities Requests**

Please let us know if there are any horse activities that you would like to learn about or do at camp.

Is there a game you would like to try? Something new you read about or saw on TV? Skills you would like to improve? Here's your chance to let us know!

I would like to....

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Thanks for helping us design a great week! We look forward to seeing you this summer!

## Camp Full Moon Farm ~ Medical Information

<b>Camper Name:</b>							
Date Of Birth		Weight:		Height:		Gender:	

**Any medical problems with the following: Please specify, ok to use the back of the form if needed.**

Y / N	Head		Y / N	Neck	
Y / N	Back		Y / N	Chest	
Y / N	Abdomen		Y / N	Arms	
Y / N	Legs		Y / N	Feet	
Y / N	Heart		Y / N	Stomach	
Y / N	Eyes		Y / N	Ears	

**Does your child have a history of any of the following medical problems?**

Y / N	Concussion		Y / N	Diabetes	
Y / N	Seizures		Y / N	Asthma	
Y / N	Contacts		Y / N	High blood pressure	
Y / N	Other				

**Does your child have any known allergies to:**

Y / N	Medicine		Y / N	Environment	
Y / N	Food				

Date of last tetanus immunization: \_\_\_\_\_

Primary Care Physician		Phone #	
Health Insurance Provider			
Member Name		Member ID	

**Medications** to be administered at camp. List all that need to be taken. BRING enough to last the entire time at camp.

Med #1		Dose		Time(s)	
Med #2		Dose		Time(s)	
Med #3		Dose		Time(s)	

Authorized Camp Full Moon Farm personnel have my permission to administer medication to my child as noted above.

**X** \_\_\_\_\_ **Parent Signature**

**Emergency Contacts:** Please print

Name		Phone Number	
Name		Phone Number	