

Full Moon Farm 2022 Camper Registration Form

Camp week(s) you would like to register for:	<input type="checkbox"/> Week 1 (June 20 - June 24) <input type="checkbox"/> Week 2 (July 11 - July 15) <input type="checkbox"/> Week 3 (Aug 8 - Aug 12)
Camper's Full Name:	
Preferred Name/Nickname:	
Date of Birth:	
Gender:	
T-Shirt Size (please circle):	YS YM YL AS AM AL AXL
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 they walk, trot, canter, &/or jump? If they currently ride, where & how often?)</i></p>	

Details: All registrations must be completed online.

Cost: Early Bird Rate: \$450 per week per camper (paid in full at registration)

Regular Rate (effective June 1st): \$485 per week per camper (paid in full at registration)

Camp hours: Dropoff 8:45-9:00am / Pickup 2:45-3:00pm (late pickup: \$5 fee per 5 minutes past 3pm)

Beforecare* offered 8:00am - 8:45am

(\$10 per day)

*There is NO Beforecare on Monday!

Aftercare offered 3:00pm - 4:00pm**

(\$15 per day)

**There is NO Aftercare on Friday!

Cancellation policy:

If cancelled *prior to* May 1st: 100% refund, less a \$50 registration fee (i.e., \$400).

If cancelled *from* May 1st–May 31st: 90% refund, less a \$50 registration fee (i.e. \$355).

If cancelled *on/after* June 1st: No refund *unless* your spot is filled from our waitlist, in which case you will receive an 80% refund, less a \$50 registration fee.

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:

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

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

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

	Beforecare? \$10/day	Aftercare? \$15/day
Monday	N/A	
Tuesday		
Wednesday		
Thursday		
Friday		N/A

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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....

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

Full Moon Farm Camper Medical Information

Camper Name:			
DOB:	Gender:	Height:	Weight:
Any medical problems with the following? (Please specify; add additional pages if necessary)			
Head		Neck	
Back		Chest	
Abdomen		Arms	
Legs		Feet	
Heart		Stomach	
Eyes		Ears	
Any history of the following? (Please specify; add additional pages if necessary)			
Concussion		Diabetes	
Seizures		Asthma	
ADHD		Autism	
Other			
Allergies?		Medications	
Food		Environment	
Dates of Immunizations:			
COVID-19 (dose #1):	COVID-19 (dose #2):	COVID-19 (dose #3):	Tetanus:
Primary Care Physician		Phone Number	
Health Insurance Provider			
Member Name		Member ID	
Medications to be administered at camp. List all that need to be taken. Add additional pages if necessary. <i>Bring enough (on the first day) to last the entire time at camp.</i>			
<i>Medication Name</i>	<i>Dose</i>	<i>Time/Frequency</i>	<i>Notes</i>
All authorized FMF Camp personnel have my permission to administer medications to my child as noted above.			
X _____ <i>Parent/Guardian Signature</i>			
Emergency Contacts (other than parents/guardians)			
Name & Phone Number		Name & Phone Number	