



## 2017 Fox Pointe Farm Horse Camps Registration Form

### I. General Information

Riders Name (Last, First, MI) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Age \_\_\_\_\_ Grade in Fall 2016 \_\_\_\_\_

#### Custodial Parent/Guardian Information

Rider is in the custody of (Check One):  Both Parents  Mother Only  Father Only

Other: \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact #1 (other than Parent/Guardian) \_\_\_\_\_ Relationship Daytime

Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact #2 (other than Parent/Guardian) \_\_\_\_\_

Relationship \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### II. Camp Session Information (Check Mark the Appropriate Spaces)

Week-long Residential Camp for Girls (Ages 8-16) \*Enclose a 250.00 non-refundable deposit.

Session: June 24 - July 1, 2017  Session: July 1-8, 2017  Session: July 8-15, 2017

Weekend Residential Camp for Girls (Ages 8-16) \*Enclose a 50.00 non-refundable deposit

Session: November 4 - 6, 2017  Session: April 7 - 9, 2017

T-shirt Size (Check One - Residential Camps Only): Youth: S \_\_\_ M \_\_\_ L \_\_\_ Adult: S \_\_\_ M \_\_\_ L \_\_\_

Week-Long Horse Lover's Co-Ed Day Program (Ages 7-12) \*Enclose a 50.00 non-refundable deposit.

Session: June 26 - 30, 2017  Session: July 24 - 28, 2017  Session: August 21 - 25, 2017

**III. Additional Rider Information**

Will the individual come with any medications or injections? If yes, describe what and how often needed:

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Has the individual previously attended an overnight sleep away program? *\*Only required for residential/overnight program registration*

(Check One) \_\_\_ Yes \_\_\_ No

If yes, please describe his/her experience:

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Please describe the individual’s previous riding experience and/or skill level:

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Does individual have a disability, illness or allergy of any kind that could affect his/her performance? If yes, please describe:

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**IV. Consents and Release**

Fox Pointe Farm, LLC Hunter Jumper Training Camp Programs are conducted by trainer and owner, Colleen Seely and are held at 5205 Wildlife Ridge Trail, Quinton, VA 23141. Please read the following agreement carefully before signing.

**CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:**

1. I understand that a risk of participating in any sport, including Fox Pointe Farm’s Hunter Jumper Training Camp Programs, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the camp coach(s) as soon as the problem begins.
2. By signing below, I certify the following: That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in Fox Pointe Farm’s Hunter Jumper Training Camp Programs; That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his or her safe participation in Fox Pointe Farm’s Hunter Jumper Training Camp Programs; That my child has no history of fainting or other problems related to strenuous exercise; and that my child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

Parent/Guardian Signature \_\_\_\_\_ Date (Month/Day/Year)\_\_\_\_\_

**CONSENTS:**

1. By my signature below, I hereby give permission for Fox Pointe Farm, LLC to obtain medical treatment for my child, \_\_\_\_\_, in the event of accident or illness during his/her presence at Fox Pointe Farm’s Hunter Jumper Training Camp Programs.

Parent/Guardian Signature \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_\_

2. By my signature below, I hereby give consent to have my child be photographed and/or video/audio- taped during camp activities, and I agree that the images so obtained may be used for educational and public relations purposes by Fox Pointe Farm, LLC.

Parent/Guardian Signature \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_\_

**RELEASE:**

1. In consideration for accepting my child into Fox Pointe Farm’s Hunter Jumper Training Camp Program, held at 5205 Wildlife Ridge Trail, Quinton, VA 23141, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her participation at the camp. I also certify that I have health insurance, which provides adequate coverage for injuries or illness my child may sustain while participating in Fox Pointe Farm’s Hunter Jumper Training Camp Programs.

2. By my signature below, I also agree to release and promise not to sue Fox Pointe Farm, LLC, or the employees or agents of Fox Pointe Farm, LLC for any damages, loss, injury, or death arising from my child's participation in Fox Pointe Farm’s Hunter Jumper Training Camp Programs, unless such damages, loss, injury or death are caused by the gross negligence or intentional gross misconduct of such employees or agents.

Parent/Guardian Signature \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_\_

**V. Payment/Deposit** (\*Required for registration)

To complete the registration process, please complete pages 1-3 of this registration form, and enclose a personal check for the appropriate deposit amount (refer to section II).

Mail all registration materials to:

Fox Pointe Farm, LLC  
Attn: Summer Camp Programs  
5205 Wildlife Ridge Trail Quinton, Virginia 23141

Fox Pointe Farm also accepts credit card payments through PayPal. To pay by credit card, please visit the Fox Pointe Farm website ([www.foxpointefarmva.com](http://www.foxpointefarmva.com)) and click on the “camps” link on the left side of the page. Feel free to contact Colleen Seely with questions (Cell: 804-263-5191, Barn: 804-932-8710 or send an email to: [foxpointefarm@yahoo.com](mailto:foxpointefarm@yahoo.com)).

Total Payment Enclosed: \$ \_\_\_\_\_

Payment Type (Check One): \_\_\_ Personal Check \_\_\_ PayPal ([www.foxpointefarmva.com](http://www.foxpointefarmva.com))

**Late Arrival/Early Departure and Misconduct:** Fox Pointe Farm, LLC reserves the right to dismiss any camper whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of the camp or fellow campers, or who violates camp rules and regulations, in which case no refunds will be made.