



Fairwinds Farm & Stables, Inc.

Riding Lessons · Summer Camp · Girl Scout Programs
Pony Rides · Horse Drawn Carriages · Birthday Parties · Hay Rides ·
Bed & Breakfast · Horse Shows · Trail Rides · Special Events · Fee Fishing · Fresh
Produce · Lucky Foot Stable Book Series



**SUMMER CAMP APPLICATION –PLEASE PRINT THIS FORM AND SEND WITH DEPOSIT
TO: 41 TAILWINDS LANE, NORTH EAST, MD 21901**

DATE: _____ AMOUNT ENCLOSED: _____

CHILD'S NAME: _____ AGE: _____

FULL ADDRESS: _____

ZIP CODE _____

E-MAIL ADDRESS _____

HEIGHT: _____ WEIGHT: _____ BIRTHDATE: _____

PARENT'S NAME(S): _____ PHONE (H):(_____)

PHONE (W):(_____) CELL:(_____) EMERGENCY PHONE:(_____)

OTHER: (family member who can be reached in your absence) _____

DOCTOR'S NAME(S): _____

PHONE: (_____) MEDICATIONS?: _____

INSURANCE TYPE AND POLICY NO.: _____

RIDING EXPERIENCE (**CIRCLE**): NONE HAVE RIDDEN HAVE TAKEN LESSONS HAVE ATTENDED CAMP

PLEASE DESCRIBE YOUR RIDING EXPERIENCE IN MORE DETAIL: _____

CHILD MUST BE AGE 8-14 FOR DAY CAMPS MONDAY-FRIDAY 9AM-4PM \$310/WEEK

A \$50. NON-REFUNDABLE DEPOSIT MUST ACCOMPANY THIS APPLICATION.

CIRCLE WEEK OR WEEKS IN WHICH YOU ARE ENROLLING: (2 WEEKS MAX)

July 2-6

EXTENDED HOURS NEEDED? AM _____ PM _____ (\$8.00 HR)



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ALL participants in the Fairwinds Summer Camp MUST send a signed waiver with their application and health history form below. We MUST receive a copy of this signed waiver before we can allow your child to participate in our camp!
CAMPER HEALTH HISTORY

Child's Name _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____
2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____
Child's Physician: _____ Phone: _____

HEALTH INFORMATION

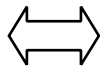
- 1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?
 NO
 YES, Explain: _____

- 2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO
 YES, Explain: _____

For campers who reside within the United States, a United States territory or the District of Columbia:

OR

For campers who reside **outside** the United States, a United States territory, or the District of Columbia:



1. State/territory in which child resides:

1. Country in which child resides:

2. Is this child exempt from any immunizations?
 NO
 YES, List them: _____

2. Attach Department form DHMH-896 (record of vaccination or immunity)

IMMUNIZATION INFORMATION

Parent or Legal Guardian's Signature: _____ Date: _____



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FAIRWINDS FARM & STABLES, INC. RELEASE, WAIVER, AND IDEMUNITY AGREEMENT

I hereby acknowledge and understand that horseback riding and the handling of horses and ponies are dangerous activities which can result in injury or death. I, the undersigned, from this date on, hereby release, indemnify, and hold harmless Ted and JoAnn Dawson and/or FAIRWINDS FARM & STABLES, INC. and their employees from any and all claims, actions, suits, and/or damages that may occur as a result of any injuries sustained while taking horseback riding instruction, handling, or being near horses or ponies on the property of FAIRWINDS FARM. This includes all losses, damage, costs, and counsel fees that may occurs as a result of injury, and related claims by any parties. I understand that risks are involved in riding, handling, or being near horses and ponies, and by signing this agreement take full responsibility in the event of any injury. I have read this release, waiver and indemnity agreement, understand that risks involved and agree to assume them. I sign this agreement voluntarily and with full knowledge of its significance.

Signed

Date

Parent/guardian (if rider is under 18)

for

(Print child's name)

(Print your name)

(Witness)

Ted & JoAnn Dawson
41 Tailwinds Lane
North East, MD 21901