



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 RIDING EXPERIENCE IN MORE DETAIL:

CHILD MUST BE 8-13 YEARS OLD MONDAY-FRIDAY 9AM-4PM \$275./WEEK .

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

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

June 22 – 26 June 29 – July 3 July 6- 10 July 13 – 17 July 20 – 24 August 3 – 7 August 10 – 14 (ADULT CAMP)

EXTENDED HOURS NEEDED? AM _____ PM _____ (\$6.00 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/ REQUIRED IMMUNIZATIONS

All campers must be current on all immunizations, unless they provide a written statement from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons. Use the Maryland Department of Health and Mental Hygiene Immunization Certificate.

A. Date (month and year) of camper's last tetanus (or DTP) shot: _____

B. Is camper currently enrolled in a Maryland school, public or private? Yes: _____ No: _____

C. If (B) is no, furnish a record of immunizations for diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), rebecca (German measles), and mumps.

D. Is camper exempt from immunization on medical or religious grounds?: Yes: _____ No: _____

E. If (D) is yes, provide signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate

Physician's Name: _____ Phone Number: _____

HEALTH INFORMATION. Are there any special needs, medical conditions, or behavioral conditions that we need to be aware of to ensure that your child's camp experience is positive? Check any that apply and give more information

<input type="checkbox"/> Good general health	<input type="checkbox"/> Seizure
<input type="checkbox"/> Allergy, food or other	<input type="checkbox"/> Behavioral issue
<input type="checkbox"/> Asthma	<input type="checkbox"/> Significant mental health condition
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Prescription medication
<input type="checkbox"/> Other chronic health condition	<input type="checkbox"/> Other medication

Explain: _____

(Minimum camper health information needed to comply with COMAR 10.16.06.08)



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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 _____

_____ for _____
Parent/guardian (if rider is under 18) (Print child's name)

(Print your name) (Witness)

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