



# Oak Hollow Farm



## 2018 Summer Day Camp

**Date:** June 18-22, 2018

**Time:** 8 am to 4 pm (daily)

**Ages:** 6 to 12 yrs. old

**Cost:** \$300 per child

The Oak Hollow Farm family would like to take this opportunity to thank you for your interest in our Summer Day Camp. Our camp is designed to introduce children ages 6 -12 to horseback riding, as well as outdoor activities such as fishing and archery. Hay rides, as well as arts and crafts are also popular activities at our annual Summer Day Camp. We combine lessons with activities and games to create a day camp that is fun and exciting for both boys and girls. The 2018 camp is June 18-22, from 8 am to 4 pm, daily. The cost is \$300.00 per camper. A second child attending from the same family will get a \$25 discount and will pay only \$275.00.

Oak Hollow Farm will provide water, tea and lemonade throughout the day.

*Refreshments and Lunch will also be Provided*

**Space is limited so please register your child as soon as possible!**

Please fill out and mail the attached application and waiver to the following address along with a \$100 non-refundable deposit. The remaining balance of \$200 is due on the first day of camp.

**Oak Hollow Farm  
Summer Day Camp Registration  
14210 Greeno Road  
Fairhope, AL 36532**

### **Camp Suggestions:**

- Children should wear light, comfortable clothes and tennis shoes.
- Please have your child at Oak Hollow Barn no later than 7:50 am each day.
- If you need your child to ride home with anyone besides his or her dedicated transportation, please send a written note.
- **Parents please let us know before camp if your child would like to be in the same group with another camper.**

**If you need to contact us during camp,  
please call one of the following camp administrators:**

**Glenda Bishop at (251) 942-5363 or Gloria Pierce at (251) 209-6162**

Thanks again for allowing your child to participate in our Summer Camp.

# OHF Summer Day Camp

## Application Form

Childs Name: \_\_\_\_\_ Childs DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any medications (prescriptions & over the counter) as well as any Allergies or special diets that your child may have: \_\_\_\_\_

Shirt Size:    yS        yM        yL        or        aS        aM        aL        aXL  
(Circle One)

### Parents Information

#### Mother's Info:

Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work # \_\_\_\_\_

#### Father's Info:

Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Employer: \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_

### Medical & Insurance Information

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder: \_\_\_\_\_

### *Person(s) to be contacted in an emergency if parents cannot be reached.*

1 - Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell # \_\_\_\_\_ Relation to Child: \_\_\_\_\_

2 - Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell # \_\_\_\_\_ Relation to Child: \_\_\_\_\_

### Emergency Authorization:

I give permission for Oak Hollow Farm to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. I give permission for Oak Hollow Farm to administer Syrup of Ipecac to my child in accordance with instructions from the poison control.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about camp? \_\_\_\_\_

Please check if we **DO NOT** have your permission to use your child's picture on our Facebook page or any other advertising.

# Equine Waiver & Release

Summer Day Camp: *June 18, 2018 - June 22, 2018*

\_\_\_\_\_ is solely responsible for this activity. Quiet, calm horses have been provided; however, any horse can be provoked or become unpredictable. I agree to participate in a reasonable manner and use common sense.

## **Please initial beside each of the following:**

\_\_\_\_\_ I, for my minor children, do hereby release and hold harmless and blameless Oak Hollow Farm Inc. from and against any and all claims for damages of any nature which might arise from horseback riding activity.

\_\_\_\_\_ I acknowledge that there is an element of inherent danger when one engages in horseback riding and I assume all risk and take all responsibility for injuries or property damages received by myself for my children.

\_\_\_\_\_ I understand that Oak Hollow Farm Inc. is not by law the insure of the safety of the patrons under all conditions if my minor child is injured, I will reimburse you and agree to hold you harmless for any amounts you are required to pay, whether damages or expenses, to defend any suit or claim.

\_\_\_\_\_ If all possibilities were insured against, the cost of this ride would be much greater than it is. In consideration of this savings to myself, I agree to assume all risk.

\_\_\_\_\_ I have read all the rules and the waiver and agree to same and waive any defense I may to any suite for reimbursement as contemplated herein.

## **WARNING**

**Under Alabama Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the equines activities liability protection act.**

**All campers MUST wear a helmet provided by Oak Hollow Farm.**

**Upon signing this application, I agree and comply with the above statements.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_