



## Day Dream Farm Camp Registration Form

Camper's Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Emergency Contact

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Parent Email

\_\_\_\_\_

Persons Authorized for Drop Off and Pick Up

\_\_\_\_\_

Camp Dates Monday through Friday, 8:30am to 2:30pm)

\_\_\_\_\_ Session I: June 10-14 \_\_\_\_\_ Session II: June 17-21

\_\_\_\_\_ Session III: July 8-12 \_\_\_\_\_ Session IIII: July 15-19

Fee is \$300 per child per session. \$275 per child per session if registering a sibling. A non-refundable registration deposit of \$100 per session is required. Balance is due on or before first day of your child's camp session.

Please print out, complete and mail this 4-page registration; registration form, horseback riding questionnaire, liability release, and medical emergency information with deposit(s) to: Day Dream Farm

A confirmation email will be sent to you upon receipt of completed registration and deposit.

For Office Use Only

Dept. Rec'd: \$\_\_\_\_\_ Check/MO #: \_\_\_\_\_ Balance Due: \$\_\_\_\_\_ Balance Paid: \$\_\_\_\_\_  
Check/MO#: \_\_\_\_\_ Cash \_\_\_\_\_

## Day Dream Farm Summer Camp

### Horseback Riding Questionnaire

Please fill out this questionnaire to help us prepare for your time at camp. This form is necessary so we can match horse and rider appropriately and therefore give campers a great time at camp. Thank you!

Camper's Name \_\_\_\_\_

AGE. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Riding Experience (check one)

\_\_\_\_ Pre-Riding (never been on a horse, afraid of horses and/or may need support to sit balanced in saddle)

\_\_\_\_ Beginner (ridden a horse less than 5 times, little to no experience)

\_\_\_\_ Intermediate (taken more than 5 horseback riding lessons and performs basic riding skills)

\_\_\_\_ Advanced (takes/has taken horseback riding lessons consistently, can walk/trot and perform basic riding skills, confident and comfortable when riding/working with horses)

Please describe any riding experience you have or anything we should know about your experience with horses.

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Please note, all horses and ponies are assigned by the Camps Director at their discretion. We take into consideration the age/weight/height/experience of campers to ensure a safe and enjoyable time at camp.

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### PHOTO CONSENT AND RELEASE

\_\_\_\_YES! I'll smile for the camera. Feel free to put my picture anywhere on your website, social media, printed materials or other advertising.

\_\_\_\_No thanks. I'm camera shy! Please do not take or post pictures of me anywhere.

### Release of Liability

The undersigned hereby consents to the use of the premises of **Southpointe Farm, LLC** and hereby assumes the risk inherent in horseback riding; use of the premises and all related activities.

The undersigned acknowledges that there is a risk and danger inherent in horseback riding; whether mounted or dismounted and with all horse related activities and access to horses.

The undersigned agrees personally to assume all risks and waive all claims and causes of action which they may have or hereafter against **Southpointe Farm, LLC** and their agents and employees, and hold them harmless against any and all such claims resulting from any injury to the person of the undersigned and/or their family or guests.

### Warning

UNDER FLORIDA LAW AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

Print Rider's

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Please Circle One: Rider/must be 18      Parent      Legal Guardian

In Case of Emergency (Please Print)

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

#### MEDICAL EMERGENCY INFORMATION

In the event of an emergency, contact:

Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

#### ☐ CONSENT PLAN

In the event that emergency medical aid/treatment is required due to illness or injury during center activities, or while on the property of the agency, I authorize Day Dream Farm to:

1. Secure and maintain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or legal guardian, if under 18 \_\_\_\_\_

☐NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during center activities or while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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Consent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or legal guardian, if under 18 \_\_\_\_\_

### RELEASE AND HOLD HARMLESS AGREEMENT

No student will be accepted for equine assisted activities and/or horsemanship instruction and no volunteer accepted for service at DAY DREAM FARM INC OR SOUTHPOINTE FARM LLC until this form has been READ, UNDERSTOOD, COMPLETED AND SIGNED by the parent(s) or guardian(s) of a minor or, if the student or volunteer is of legal age and sound mind, by the student or volunteer. Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding, driving, and working around horses. This includes bodily injury from horseback riding or driving or being in close proximity to horses. Among other risks, both horse and rider can be injured during normal use or in competition and schooling. In order to provide this valuable service, NO LIABILITY can be accepted by the DAY DREAM FARM INC OR SOUTHPOINTE FARM LLC or any of the organizations or persons connected with the above named facility. IN CONSIDERATION for the privilege of riding, driving and/or working around horses at the DAY DREAM FARM OR SOUTHPOINTE FARM LLC the undersigned, as self, or as parent(s), or guardian(s) of the named minor, jointly or severally, do hereby agree to release, hold harmless and indemnify DAY DREAM FARM INC OR SOUTHPOINTE FARM LLC, its officers, directors, trustees, agents, employees, representatives, successors and assigns from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorney's fees, which the undersigned or said minor may now or in the future have against DAY DREAM FARM INC OR SOUTHPOINTE FARM LLC, its officers, directors, trustees, agents, employees, representatives, successors and assigns, on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to, acts or incidents occurring at or relating to DAY DREAM FARM INC OR SOUTHPOINTE FARM LLC, its officers, directors trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services described above or in any way incidental thereto. I have carefully read this agreement and fully understand its contents.

Participant Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_