

Summer Hill Farm LLC Camp Application

Name_____

Address_____

Home #_____ Cell#_____

Name of parent/guardians_____

Emergency phone# and Name_____

Relationship to emergency contact_____

Please list horseback riding experience if any_____

Please list physical limitations/ problems {allergies, hearing loss, etc_____

Doctor's name and phone#_____

Health Insurance Co, policy# group #_____

I give permission for my child to participate in the Summer Hill Farm LLC horse camp program. I understand that my child will participate in a domestic animal activity pursuant to KSA 60-4001 through 60-4004 which is inherently dangerous. I release Summer Hill Farm LLC, Kathy Baker, and all participants in the summer horse camp program from any and all liability arising from my child's participation in the domestic animal activity. I understand that my child will be required to wear protective head gear and proper footwear {hard soled shoes with a heel, preferably paddocks boots} when ever mounted. I understand that my child will not be permitted to be in the barn/pasture area unsupervised. I agree to help enforce these rules with my child. A 50% non-refundable deposit is due upon enrollment, all checks made payable to Summer Hill Farm LLC.

Please mail to: 19465 W 183rd Street, Olathe Ks 66062 913-592-5525

Date of camp_____