

Different Drummer Farm

Pony camp registration

Name of student: _____ *age:* _____

Mailing address: _____

Home phone: _____ *Cell or work phone:* _____ *email:* _____

Parents name(s) _____ *other emergency phone:* _____

Emergency contact: _____ *Relationship to child* _____

Phone: _____ *Student's physician:* _____ *Phone:* _____

Any physical limitations or allergies: _____

Week(s) student will be attending camp _____

Previous riding experience _____

I give DDF permission to use photos of my child at camp on the website or for advertising:

Parents signature: X _____

I give my permission for the owners of Different Drummer Farm and it's staff to pursue medical treatment for my child in the event that I cannot be reached in an emergency situation.

Parents signature X _____

Insurance company _____ *policy #* _____

I understand that under the NH equine laws, participating in any activity with horses or ponies will be at your own risk. I agree to hold harmless, Different Drummer Farm, it's owners and staff for any accident or injury occurring while on the premises.

Parents signature X _____

**Please return this form along with a \$25 deposit for each week of camp by May 1st.*