

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 non-refundable deposit for each week of camp by April 1st for returning campers and April 15th for new campers. Photos of documents are not acceptable. Please scan and email to Jodiddf@gmail.com or mail to Different Drummer Farm, 55 South rd. Candia NH 03034