

# 2009 HORSE DAY CAMP APPLICATION

at

## Sky Farm

465 Union Street

Marshfield, Massachusetts 02050

617-417-2050 / 781-834-1410

abby@skyfarm.us

*Session Selection (Daily 9:00am to 3:00pm):*

- Session 1: July 6-10, 2009**
- Session 2: August 3-7, 2009**

*Children who have no recent riding experience will be asked to have at least 3 lessons prior to the commencement of camp.*

*Please include Non-Refundable Deposit of \$100 per session. Balance of \$325 due July 1<sup>st</sup> and August 1<sup>st</sup> for each of the July and/or August sessions, respectively. Please make checks payable to Abby Crosby.*

### Applicant Information:

Name of Child: \_\_\_\_\_

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

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: M F

Horse/Riding Experience, if any: \_\_\_\_\_

### Parent or Guardian Information:

Name of Parent or Guardian: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

Emergency Telephone: \_\_\_\_\_

**Please note that equine professionals in Massachusetts are required to post the following warning. This warning is posted in the stable at Sky Farm:**

#### WARNING

Under Massachusetts law, an 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 section 2D of chapter 128 of the General Laws.

Student's Signature: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_