



## Early Summer **PONY FARM Camps** REGISTRATION FORM

**Tuesday-Thursday 9am-1pm \* 7-9 year olds \* \$200**

**9am-2pm \* 10 & 11 year olds \* \$225**

Child's Name \_\_\_\_\_ Age \_\_\_\_ Birth Date \_\_\_\_\_

Parent/ #1 Name \_\_\_\_\_ Email Address \_\_\_\_\_

Parent/ #2 Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) home/cell/work \_\_\_\_\_

Local Emergency Contact Person \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #1. \_\_\_\_\_ Phone #2 \_\_\_\_\_

Spend three days learning about taking care of ponies and their farm... grooming, feeding, general farm chores (which may include changing irrigation... and running through sprinklers) and all things PONY (and horse) plus fun horsey crafts and art will all be part of MVRU Pony Farm Camp. There will NOT be riding included.

**Pony Farm Camp I Tuesday, Wednesday, Thursday June 22-June 24**

**Pony Farm Camp II Tuesday, Wednesday, Thursday June 29-July 1**

**Total # of Camps \_\_\_\_\_ Total Payment \_\_\_\_\_**

### ACKNOWLEDGEMENT OF POLICIES, CONSENT AND RELEASE OF LIABILITY

I \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ (campers full name) understand that if I withdraw my child from a camp, my payment will not be reimbursed unless MVRU is able to fill my registered spot in that camp.

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

I, the undersigned parent/guardian of this camper, a minor, do hereby authorize the camp directors and/or instructors as Agents for the undersigned to consent to medical, surgical or dental examination, treatments, etc. In addition, I hereby release and discharge MVRU from any and all claims for personal injuries. I agree that pictures taken during camp hours may be used for future promotional purposes.

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

I understand that all adults and children entering the garden must be free on arrival of COVID-19-related symptoms that cannot be associated with a previously existing health condition, and must remain symptom free throughout the day. Children are outside during farm camp and instructors will do their best to maintain masks and social distancing. There is an inherent risk even in a small group setting. I hereby release and discharge Methow Valley Riding Unlimited from any and all claims for Covid-related illness.

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

**Mail Camp Registration Form, Emergency Medical Treatment Form & payment to:**

**MVRU PO Box 58, Winthrop, WA. 98862. Checks made payable to MVRU**

**Financial Aid Available – [download our scholarship application](#) and mail in with your registration**