



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