

Bonnie Lea Farm Summer Program Registration

Registration For: Horse Sessions Farm Sessions Horse/Farm Combo Sessions
(Please complete one registration form per person)

<i>Student's Last Name</i>	<i>First Name</i>	<i>DOB</i>	<i>Age</i>	<i>Grade in Fall</i>	<i>Gender (F/M)</i>

<i>Guardian 1 Name</i>			<i>E-mail</i>		
<i>Home Address</i>			<i>Home Phone</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Mobile Phone</i>		

<i>Guardian 2 Name</i>			<i>E-mail</i>		
<i>Home Address</i>			<i>Home Phone</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Mobile Phone</i>		

<i>Other Emergency Contact</i>			<i>Relationship</i>		
<i>Home Address</i>			<i>Home Phone</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Mobile Phone</i>		

T-Shirt Size: XS S M L XL Adult S Adult M Adult L Adult XL

Please identify the week (or weeks) by marking the corresponding box(es).					
Weeks	Horse ½ Day \$325 per wk	Horse Full Day \$475 per wk	Farm ½ Day \$150 per wk	Farm Full Day \$300 per wk	Combo Horse/Farm \$425 per wk
June 22-26	<input type="checkbox"/>	<input type="checkbox"/>			
June 29-July 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 6-10			<input type="checkbox"/>	<input type="checkbox"/>	
July 13-17	<input type="checkbox"/>	<input type="checkbox"/>			
July 20-24	<i>No sessions this week. Scheduled lessons & leases available.</i>				
July 27-31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 3-7		<input type="checkbox"/>			
August 10-14			<input type="checkbox"/>	<input type="checkbox"/>	
August 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 24-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR HORSE SESSIONS ONLY - Indicate Current Riding Level (See brochure for definitions)

<input type="checkbox"/> Beginner	<input type="checkbox"/> Advanced Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced Intermediate	<input type="checkbox"/> Advanced
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<i>Student's Last Name</i>	<i>First Name</i>	<i>DOB</i>	<i>Age</i>	<i>Grade in Fall</i>	<i>Gender (F/M)</i>

Medical Information *****Attach Immunization/Physician Consent with registration**

Please place checks and details next to the applicable health conditions and allergies on the following list. Please use an additional page should you need to include more details.

<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Diabetes	Allergies <input type="checkbox"/> Hay Fever
<input type="checkbox"/> Convulsions/Epilepsy	<input type="checkbox"/> Asthma	<input type="checkbox"/> Poison Ivy
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Insect Stings
<input type="checkbox"/> Behavioral Issues		<input type="checkbox"/> Penicillin
Dietary Modifications		<input type="checkbox"/> Other Drugs
		<input type="checkbox"/> Food (specify)
		<input type="checkbox"/> Other (Specify)
Family Physician	Phone	
Insurance Carrier	Group Policy	

Is your child bringing a prescription or over the counter medication?
Circle YES / NO (If yes, please complete the following)

Medication	Dosage	Reason

READ CAREFULLY: The health history is correct to the best of my knowledge and the person described within has permission to engage in all program activities except as noted. Permission to secure treatment: I give permission to have my child treated by authorized staff or a physician in case of a severe illness or emergency in which I cannot be reached. I hereby give my permission for the medical personnel selected by Bonnie Lea Farm to order x-ray, routine tests, and all treatments necessary if I cannot be reached in an emergency.

Parent/Guardian Signature _____ Date _____

Authorized Pick-Up: I authorize the following people to pick up my child at Bonnie Lea Farm upon presentation of a photo driver's license for identification if unknown to staff.

Name: _____	Phone: _____
Name: _____	Phone: _____

Photo Release: I hereby give permission / do not give permission for my child's photograph to be used in BLF publications and for advertising and promotions. Names of participants will never be used.

Parent/Guardian Signature _____ Date _____

Release and Waiver of Liability

Bonnie Lea Farm (BLF) acknowledges that your child has voluntarily enrolled in BLF Summer Programs at BLF located at 511 North Street, Williamstown, MA (the Property).

BLF takes safety very seriously and stresses safety in all activities; however, BLF is a working farm. As such, heavy-duty farming equipment, live animals, electrified fences and other such hazards inherent to farming activities exist on the Property and may pose a danger to you or your child. You acknowledge that these hazards exist and agree to assume full responsibility for yourself or your child and understand and accept any risk of injury in connection with your own or your child's participation in the BLF lessons, clinics or Summer Programs or your child's presence on the Property.

I, by signing this Release and Waiver of Liability, on behalf of myself and/or my child, hereby assume any such risk of injury and furthermore release and hold harmless BLF and its owners, instructors, staff and representatives from any and all liability resulting from any injury I or my child may sustain in connection with and arising out of such hazards, or in connection with my own or my child's participation in the BLF Summer Program, lessons, clinics or other events at BLF, or my own or my child's presence on the Property.

I, recognize the inherent risks of injury involved in farming, horseback riding generally and in learning to ride in particular.

I ALSO UNDERSTAND THE RIDER MUST BE ABLE TO COMPREHEND INSTRUCTION and listen to those in charge to keep safety as a top priority at all times. Anyone unable to comply with safety instructions will be excused.

Medical Authorization: In the event the participant requires emergency medical treatment on account of any accident or injury at DeMayo's Bonnie Lea Farm or a related function, BLF's owners, instructors, or agents are given full authority to provide all such necessary emergency medical treatment for the student including anesthesia if the family cannot be reached.

"Warning: Under Massachusetts law, an equine professional is not liable for 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."

<i>Parent or Guardian Signature</i>	<i>Printed Name</i>	<i>Date</i>
<i>Rider Signature</i>	<i>Printed Name</i>	<i>Date</i>

PAYMENT AND DEPOSIT DETAILS

- Deposit for each week is due at time of registration to confirm space.
- Limited space per week.
- No refunds on deposits, rescheduling only.
- Full balance for each week is due no later than the Monday morning of a session.

Program Costs & Deposits

Horse Program		Farm/Horse Combo	Farm Program	
Half-Day	Full Day	Full Day	Half-Day	Full Day
\$325 per week	\$475 per week	\$425 per week	\$150 per week	\$300 per week
\$150 deposit/wk	\$225 deposit/wk	\$200 deposit/wk	\$75 deposit/wk	\$150 deposit/wk

DAILY RATES

For those interested in select days, please contact us for availability. Daily pricing as follows:

Horse Program		Farm/Horse Combo	Farm Program	
Half-Day	Full Day	Full Day	Half-Day	Full Day
\$75/day	\$145/day	\$100/day	\$40/day	\$75/day

* Please note, students must bring their own snacks and lunch for all sessions.

Balance to be paid no later than Monday Morning of each session.

DEPOSIT:

<input type="checkbox"/> Enclosed Check - # _____		Authorized Amount for Credit Card Charge: \$ _____	
<input type="checkbox"/> Credit Card		Card Number _____	
Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX		Expiration Date _____	Billing Zip _____
		3-4 Digit Code _____	
Card Holder's Signature _____		Name on Card (Print) _____	
		Date _____	

Did you remember to attach immunization and physician consent?

Please Submit Registration and physician consent to:

Bonnie Lea Farm
 511 North Street
 Williamstown, MA 01267