

# Foxfield Riding School Summer Camp

## APPLICATION FOR ENROLLMENT ~ 2019

P.O. Box 3576  
1250 E. Potrero Rd.  
Westlake Village, CA 91359  
(805) 495-5515  
Fax (805) 497-1799  
www.foxfield.com  
ride@foxfield.com

Name \_\_\_\_\_  
last first nickname

BirthDate \_\_\_\_\_ Age on June 1, 2019 \_\_\_\_\_  
month day year

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home telephone ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

Telephone number at which legal guardian or parent may be reached in case of emergency ( ) \_\_\_\_\_

Parent Email address: \_\_\_\_\_ Camper Email Address: \_\_\_\_\_

Height of student \_\_\_\_\_ Weight \_\_\_\_\_

State any health and/or food problems, allergies \_\_\_\_\_ Vegetarian (\$100) Yes No

Date of last Tetanus shot \_\_\_\_\_

List of medications student will be taking while at camp \_\_\_\_\_

Who recommended Foxfield to you? \_\_\_\_\_

Has student had any previous riding experience? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you jump? \_\_\_\_\_ How high? \_\_\_\_\_

If yes, please check all applicable Western Saddle \_\_\_\_\_ English Saddle \_\_\_\_\_ Bareback \_\_\_\_\_

Please outline riding experience (lessons, shows, etc.). We would love to know the name of your trainer or barn (optional). Use back of sheet if necessary for full description.

In an emergency, if parent or legal guardian cannot be reached, may one of the Foxfield Riding School Staff take student to a doctor of our choice? \_\_\_\_\_. Do you give your consent to emergency medical treatment in the event you cannot be reached? \_\_\_\_\_. Do you give consent to Children's Tylenol or Ibuprofen being administered in the event you cannot be reached? \_\_\_\_\_.

**Please complete mandatory information on page 2 and attach copy of insurance card.**

May student attend and participate in all activities on or off the property of Foxfield Riding School? \_\_\_\_\_

What session did student attend at Foxfield last year? \_\_\_\_\_ Which riding group? \_\_\_\_\_

Please list any favorite horses \_\_\_\_\_

Is student bringing her own horse? \_\_\_\_\_ (Facilities are limited. Reservations must be made at this time.)

Please note: A vet certificate stating that all shots are current must be supplied to office before session starts.

Do you have a friend coming to Foxfield at the same time? Please name and say whether you would like to room together.

Please check session(s) desired and enclose \$300.00 deposit for each ( )1st ( )2nd ( )3rd ( )4th

Is Burbank (Bob Hope) Airport pick-up desired? \_\_\_\_\_ Camper should arrive at airport between **12 noon-2:00pm** on Sunday. Campers will be taken to airport between 9:00-11:00 am, depending on flights, the day after the session ends. Please notify Foxfield of flight arrangements two weeks before start of session.

**NO REFUNDS AFTER MAY 1<sup>st</sup>**

**\*\*FOXFIELD IS NOT RESPONSIBLE FOR LOST TACK OR CLOTHING\*\***

I have sufficient knowledge of horses to understand their unpredictability and potentially dangerous character in general and I understand that the use, handling and riding of a horse ALWAYS involves risk of bodily injury to anyone who handles or rides horses, as well as the risk of damaging the property of others. I understand that any horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times, based upon instinct or fright, which likewise is an inherent risk assumed by one who handles/rides horses. I expressly assume such risk and hereby waive any claims that I might have against Foxfield Riding School, its Teachers, Counselors and Trainers, on behalf of the above mentioned camper or myself. I agree to pay all doctor or hospital fees if the child is injured while staying at Foxfield.

Date \_\_\_\_\_

Signature of Parent or Legal Guardian

Printed Name

Camp App

CAMPER'S NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

**YOUR APPLICATION WILL BE RETURNED IF THIS INFORMATION IS NOT COMPLETE**

## **INSURANCE INFORMATION**

IN CASE OF MEDICAL OR SURGICAL EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO SECURE PROPER TREATMENT FOR, AND HOSPITALIZE IF NECESSARY, THE CAMPER LISTED ON THIS APPLICATION. EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT OR GUARDIAN SHOULD SUCH AN EMERGENCY ARISE.

**ALL SUCH EXPENSES WILL BE THE RESPONSIBILITY OF  
AND SHALL BE PAID FOR BY THE PARENT(S) OR LEGAL GUARDIAN**

PLEASE PROVIDE THE FOLLOWING INFORMATION (print or type):

FAMILY DOCTOR: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

DO YOU HAVE HEALTH AND ACCIDENT INSURANCE? \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

AGENT (if known): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_

POLICY OR GROUP NUMBER: \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

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***PLEASE INCLUDE A COPY OF BOTH THE FRONT AND BACK OF YOUR INSURANCE CARD!***