



121 Haynes Hill Rd Brimfield, MA 01010  
(413)245-3083  
www.fairviewfarmsjjc.com

## Registration Form Summer Camp

**July 13-17 August 10-14 August 24-28**

\$275/wk Extended hours are available

Please include a check payable to Fairview Farms to reserve your spot

We also take visa mastercard and discover

Send registration to 121 Haynes Hill Rd, Brimfield, Ma 01010

Name \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_ F \_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_ Work Phone \_\_\_\_\_  
\_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact 1. \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

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### Payment Info:

I am paying by

Visa    M/C    Discover    Check    Cash    money order

Card # \_\_\_\_\_ Exp: \_\_\_\_\_  
Name on Card \_\_\_\_\_ Security # \_\_\_\_\_

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Medical Information to be completed by parent/guardian if person under 18

Do you have any allergies?\_\_\_\_\_ If yes, what is it?\_\_\_\_\_

What kind of reaction do you have?\_\_\_\_\_

Do you take any medications?\_\_\_\_\_

If yes, what is it and when?\_\_\_\_\_

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Do you have any disorders or diseases of any kind? (diabetes, thyroid, asthma)\_\_\_\_\_

If yes please describe\_\_\_\_\_

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Do you have any physical or any other limitations/restrictions? (dizzy spells, heat stroke, panic attacks)\_\_\_\_\_

If yes please describe\_\_\_\_\_

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Have you had any horse riding experience?\_\_\_\_\_

If yes when and where?\_\_\_\_\_

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If yes how long have you been riding?\_\_\_\_\_

Date of last Tetanus Immunization\_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

Medical Insurance Information

Insurance Company\_\_\_\_\_

Policy#\_\_\_\_\_

MEDICAL EMERGENCY AUTHORIZATION must be signed by participant or parent/guardian (if person is under 18 years of age) to participate in lessons and/or any other activities at Fairview Farms. NO CHILD will be permitted to register without parent/guardian signature.

I, \_\_\_\_\_ of \_\_\_\_\_ am the  
Parent/guardian city/state  
\_\_\_\_\_ of \_\_\_\_\_, a minor  
Relationship participants name

Who is attending Fairview Farms. I hereby give my consent that in the event of a serious illness or injury the Fairview Farm staff may authorize, initiate, or employ any treatment deemed necessary by appropriate licenses emergency personnel.

\_\_\_\_\_  
Camper signature

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)