



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

Registration Form Summer Camp

\$300/wk Extended hours are available

WEEK ATTENDNG _____

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

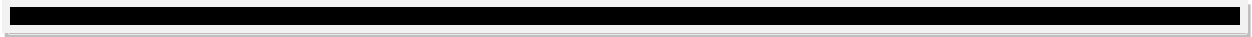
Name _____ DOB _____ M ___ F ___
 Address _____ Home Phone _____
 _____ Work Phone _____
 _____ Cell Phone _____
 Email _____
 Parent/Guardian _____ Phone _____
 Emergency Contact 1. _____ Phone _____
 Emergency Contact 2 _____ Phone _____

Payment Info:

I am paying by

Visa M/C Discover Check Cash money order

Card # _____ Exp: _____
 Name on Card _____ Security # _____



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?_____

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

If yes please describe_____

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

If yes please describe_____

Have you had any horse riding experience?_____

If yes when and where?_____

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)