

Infinity Farms Equestrian Center Horse Camps

Participant Information Sheet

Camp week in which you are interested in: _____

Participant Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Emergency Contact Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Please use this space to list any allergies (foods, medications, etc.) your child has:

Please use this space to list any medications your child may be taking at the time of the camp (prescriptions, cough medicine, allergy medications, etc.): _____

*****We are only accepting 12 children per camp session. To register and secure your child's place please return this information as soon as you know that you are interested *****

The fee for this camp is \$65 per day or \$300 for the week. The camp program will run from 9 am to 4 pm daily. I understand payment is due in full the first day of camp unless other arrangements have been made with the instructor/facilitator ahead of time. Please draw checks payable to Infinity Farm. To register send completed sign-up packet to:

Infinity Farm, c/o Angela Coy
57 Mayo Street
Dover-Foxcroft, ME 04426

Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

OVER PLEASE 

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Emergency Care Form

I, _____, hereby grant the staff of Infinity Farm permission to authorize care for my child _____ in my absence in an emergency situation only. It is understood that this authorization is only valid within one year of the date following my signature below.

Signed: _____ Dated: _____

Allergies or other concerns: _____

Insurance information: _____

Doctor name and phone #: _____

Dentist name & phone #: _____

List of people to who my child may be release from camp in my absence: (please list phone numbers and relationship to child)
