



JUNIOR FARMERS SUMMER CAMP

Thank you for registering for JUNIOR FARMERS camp! Camp is half day 8:30-12:30
Summer is an exciting and fun time on our farm but can be hot! ~ Please be sure to pack extra water and sunblock to reapply !! Please read camp info below!

REQUIRED HEALTH FORMS

WBF is proud to be a Massachusetts Licensed Camp. Please fill out our required health and waiver form and attach a copy of a current physical .

Please include contact info along with any allergies or medical issues we need to be aware of . These forms must be completed with a physical in order for your camper to be left at camp .

Completed forms can be mailed to:WBF 1070 Washington St. Holliston , Mass 01746

Forms cannot be emailed or dropped off to the farm ~ Please mail prior to camp

Summer camp forms should be in our office no later than JUNE 1ST

CAMP HOURS and DROP OFF ,PICK UP

Camp hours are 8:30-12:30. Drop off starts at 8:15, pick up starts at 12:15. We do a loop drop off and pick up . Drive down the long driveway which leads to the main parking lot ~ Here you will make 2-3 lines . Counselors will be out to get your camper at drop off or bring your camper to you at pick up ! Counselors will also be available to direct you ! Riding times vary each day . If your camper is late and misses their riding time it cannot be made up .

If your camper will be late or absent please email the camp director ~ wbfponies@gmail.com

If your child needs to leave early or with someone else, please supply this in writing to our camp director . Notes may be given to counselors at drop off.

What to Bring

Campers should bring Lunch~ Snacks~ Drinks with them to camp each day ! AND...**Plenty of water** !!! Water should be brought in a refillable bottle ~ We will have a refilling station !

Please dress weather appropriate. Sneakers or a light work boot. No open toed shoes , slides or Crocs . A baseball style hat is always a great idea along with extra sunblock they can re-apply on their own (a spray is best)

Lunches should be in a small cooler bag with an ice pack if needed. No peanut products please ! One Backpack per camper - Please do not over pack for camp

We do have a snack shack where we sell snacks, drinks, ice cream and WBF Apparel . Please send your camper with money if you want them to purchase anything !

PHOTOGRAPHS

During camp we will take some pictures of your camper ! Pictures will be available after the camp week is over on our smug mug account.

Link — <https://willowbrookfarm.smugmug.com>

Questions are taken via Email ONLY to our camp Director Nancy Dubin
Please send emails to ~ WBFponies@gmail.com

Keep informed and excited about camp !!!

Request to join our camp FB group : Willow Brook Farm Equestrian Day Camp

Health History and Waiver Form

Below is our Health History Form and Waiver . Please read, fill out and mail with a copy of a physical prior to June 1st. Mail to : WBF 1070 Washington St. Holliston, Mass 01746



Health History and Waiver Form

Dates of Camp Attendance: _____

MAIL THIS FORM W/PHYSICAL TO : WBF 1070 WASHINGTON ST . HOLLISTON , MASS 01746 PRIOR TO CAMP
Forms may not be emailed or hand delivered to the farm — please plan ahead and mail to the farm! Thank you

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. This form **MUST** be filled out by parents/guardians of minors or by adults themselves. Each camper must provide a record of their most recent **physical exam and immunizations** dated within the past 18 months (parents typically received a copy of this at their child's annual pediatric check-up). All forms must be received by the first day of camp. If these forms are not received, your child will not be allowed to attend camp per Board of Health Regulations. All camps must comply with regulations of the Massachusetts Department of Public Health to be licensed by the local Town of Holliston Board of Health. Willow Brook farm's first concern is the safety of the children who participate in our programs.

DUE TO WBF OFFICE PRIOR TO JUNE 1ST

Name: _____

Last

First

Middle

Birth Date: _____ Age at Camp: _____ Gender: M F

Home Address: _____
Street Address City State Zip Code

Custodial Parent/Guardian: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone#: _____ email address: _____

Second Parent/Guardian: _____

Home Address: _____
Street Address City State Zip Code

Home Phone #: _____ Cell Phone #: _____

Work Phone#: _____

If not available in an emergency notify: _____

Relationship: _____ Address: _____

Home Phone #: _____ Cell Phone #: _____

Insurance Information: Is the participant covered by family medical/hospital insurance? Yes NO

If so, indicate plan name: _____ Group/Insurance # _____

Parent/Guardian Authorization: This health history is correct and complete. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the health care provider selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent/guardian or adult camper/staff: _____

Printed name: _____ Date: _____

Health History: The following information must be filled in by the parent/guardian or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a completed form for your records. Any changes to this form should be provided to the camp health personnel upon participant's arrival in camp. Provide complete information so the camp can be aware of your needs.

Allergies (list all known, including food, medication and/or environmental): _____

Medications Being Taken: Please list ALL medication, including over-the-counter or non-prescription drugs, taken routinely. If your child requires medication during camp hours please bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medication on a routine basis: (check if this applies)

This person takes the following medications: (check if this applies)

Medication #1: _____ Dosage: _____ Time Taken: _____

Reason for taking: _____

Medication #2: _____ Dosage: _____ Time Taken: _____

Reason for taking: _____

Medication #3: _____ Dosage: _____ Time Taken: _____

Reason for taking: _____

A medication form MUST be filled out for each medication that is to be given at camp. Please bring all medication on the first day of camp. Be prepared to fill out a form for each medication. Campers are not allowed to bring medication to the office. This must be done by the parent or guardian.

Dietary Restrictions: Yes No List restrictions: _____

General Questions: If you answer yes to any of the following questions, please explain your answer in the space below.

Has or does the participant: had any recent injury, illness or infectious disease; have chronic or recurring illness/condition; have frequent headaches; ever had a head injury; ever been knocked unconscious; wear glasses, contact or protective eye wear; ever passed out during or after exercise; ever been dizzy during or after exercise; ever had seizures; ever had chest pain during or after exercise; ever had high blood pressure; ever been diagnosed with a heart murmur; ever had back problems; ever had problems with joints; have an orthodontic appliance being brought to camp; have any skin problems; have diabetes; have asthma; had mononucleosis in the past 12 months; have abnormal menstrual history? Please list any important past medical history.

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware. Please be advised: Any child with **special needs or physical limitations may be enrolled only after consultation with the camp director, camp operator and the health care consultant to ensure the safety of the child.** Parent/guardians are responsible for notifying staff of these special needs and/or physical limitations **prior to registration.** Does your child have any special needs that the staff needs to be aware of? If yes, please explain:

Participant's
Physician: _____ Phone: _____

Address: _____

A copy of the participant's most recent (WITHIN 18 MOS.) immunization and physical exam record is REQUIRED. If not received by the first day of camp, the participant will not be able to participate in camp!!! Please make a photocopy of CAMPER'S immunization record / physical and send it WITH this form.

We will be taking a picture of all campers to be available online for parents to download and keep as a memory of your camp week.. All pictures are the property of Willow Brook Farm and may be used in some advertising or marketing without names or personal information.

Please initial for consent _____

Sunscreen / Bug spray policy -

Please apply sunscreen &/or bug spray at home for all campers. If you would like to supply sunscreen &/or Bug spray to reapplied , our staff will supervise your camper as they reapply . We do not supply sunscreen &/or Bug spray to campers nor apply onto campers . Please label with your campers name

Please initial _____

PLEASE READ CAREFULLY AND DO NOT SIGN UNLESS YOU FULLY UNDERSTAND.

I ACKNOWLEDGE THAT I HAVE BEEN FULLY INFORMED OF AND UNDERSTAND THE INHERENT AND ACTUAL RISKS OF INJURY INVOLVED IN HORSEBACK RIDING GENERALLY, IN LEARNING TO RIDE/HANDLE HORSES/PONIES IN PARTICULAR AND IN WORKING WITH AND HANDLING VARIOUS FARM LIVESTOCK. IN TAKING LESSONS/CLASSES/CAMP AT WILLOW BROOK FARM, DBA LIL' FOLK FARM , I ASSUME ANY SUCH RISK OF INJURY AND FURTHER, I VOLUNTARILY RELEASE WILLOW BROOK FARM, DBA LIL' FOLK FARM , ITS OWNERS, INSTRUCTORS/TEACHERS AND AGENTS FROM ANY RESPONSIBILITY ON ACCOUNT OF ANY INJURY I OR MY CHILD/CHILDREN OR WARD MAY SUSTAIN WHILE RECEIVING INSTRUCTION, PARTICIPATING IN HORSE SHOWS, TRAIL RIDES, PONY RIDES, VOLUNTEERING OR WHILE RIDING IN CONNECTION THEREWITH, AND I AGREE TO INDEMNIFY AND HOLD HARMLESS WILLOW BROOK FARM, DBA LIL' FOLK FARM, ITS OWNERS, INSTRUCTORS/TEACHERS AND AGENTS ON ACCOUNT OF ANY SUCH CLAIM. FURTHERMORE, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE OWNER (S) OF ANY HORSE OR ANIMAL I OR MY CHILD OR WARD RIDE/HANDLE AT WILLOW BROOK FARM, DBA LIL' FOLK FARM , ON ACCOUNT OF ANY SUCH CLAIM.

WARNING

UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 128, SECTION 2D OF THE GENERAL LAWS.

STUDENT SIGNATURE: _____ DATE: _____ (if 18 or older)

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

SECOND PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

WHERE APPLICABLE, PLEASE HAVE BOTH PARENTS/GUARDIANS SIGN.

