



**B.O.K. Ranch**  
Horseback Riding  
**SUMMER CAMP**

## Dear Parents and Campers,

Here is a brief description of the contents of the Summer Camp enrollment packet and the required forms for each camper that are to be filled out, signed, and returned.

1. *Enrollment Form and Equine Experience Questionnaire.*
2. *BOK Ranch Release of Liability.*
3. *The Horse Park at Woodside General Agreement and Release of Liability.* Since the Horse Park manages the property where our program operates, this release of liability form needs to be signed and returned.
4. *Dress Guidelines and Photo Release.*
5. *Health History:* If camper is currently enrolled in the B.O.K. Ranch lesson program, this form is not required.
6. *Authorization for Emergency Medical Treatment.*
7. *Speed Limit/Parking Agreement.* Please read carefully and initial each item. Sign and date the bottom of the form. The Horse Park at Woodside requires that all vehicles adhere to these traffic rules while on Horse Park property.

## Enrollment Instructions

1. Fill out the included application forms (below) and complete one packet for each camper.
2. Save your forms and email them as an attachment to [director@bokranch.org](mailto:director@bokranch.org)

We look forward to seeing you soon!

Tish Dipman  
Executive Director  
B.O.K. Ranch



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## **Welcome!**

B.O.K. Ranch Summer Camps are inclusive and designed for all children. It is our goal that all campers enjoy and succeed in our equine based environment. B.O.K. Ranch Summer Camp Volunteers are here to support the instructors and campers in providing a safe, fun environment. They have been trained to handle the horsemanship aspects of the camp. If your child requires one-on-one support to accommodate his or her physical or behavioral needs, it is recommended that you provide a trained support person for your child. If you have any questions, please contact the B.O.K. office.

## **2020 Camp Schedule**

**Sessions:** Monday through Friday - 8:30 am – 1:00 pm\*

**Cost:** \$535 per 1-week session. A \$135 non-refundable deposit is required for each camper. Credit and debit cards are accepted. Payment is due in full at drop off on your first day.

*Select the sessions your camper(s) plan to attend:*

-1- **June 22-26**

-2- **July 6-10**

-3- **July 13-17**

-4- **July 20-24**

-5- **July 27-31**

-6- **August 3-7**



## Enrollment Form

### General Information

*Please complete a separate enrollment form for each camper.*

Camper's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender:  M  F

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Caregivers: \_\_\_\_\_

Street Address: (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about the Summer Camp? \_\_\_\_\_

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## Equine Experience

*Please complete a separate questionnaire for each camper.*

Camper's Name: \_\_\_\_\_

When was the last time the camper was on a horse? \_\_\_\_\_

Can the camper steer and stop a horse independently?  Y  N

Can the camper post the trot independently on the rail?  Y  N

Can the camper canter independently on the rail?  Y  N

What special horse related topics would your camper like to explore? \_\_\_\_\_

Would your camper like to be in the same group with another camper? Let us know his or her name and we will try to put them together (please email this information in advance/it helps us with planning and scheduling). \_\_\_\_\_

What size T-shirt does the camper wear? **Youth** Small  Medium

**Adult** Small  Medium  Large

Print Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Sign in person on your 1st day of camp: Parent/Guardian)*

## B.O.K. Ranch Release of Liability

I, the undersigned, \_\_\_\_\_, do forever release, acquit, discharge and hold harmless B.O.K. Ranch, its agents, employees, representatives, successors, and assigns, for all manner of claims, demands, and damages of every kind and nature, where to which the undersigned or said minor may now, or in the future, have against B.O.K. Ranch, its agents, employees, representatives, successors, or assigns on account of personal injuries, physical or mental condition, known or unknown, to the person of said minor and the treatment thereof, as a result of, or in any way growing out of the acts of B.O.K. Ranch, its agents, employees, representatives, successors, or assigns including but not limited to negligence or gross negligence, in executing the services above described and/or incidental thereto.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Sign in person on your 1st day of camp: Parent/Guardian)*

Please Print Name of Camper: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If under 18)*



The Horse Park at Woodside

### ***General Agreement & Release of Liability***

I, \_\_\_\_\_ *(Must be a Parent or Guardian if person named above is under the age of 18)*, hereby acknowledge that I have requested permission to participate in equestrian or other activities on the premises of **The Horse Park at Woodside**. I have read and agree to abide by the Horse Park Facility Use Rules. I am aware that combined training and eventing, jumping, trail riding, conditioning, polo and all other forms of equestrian activities, including the teaching, training or coaching thereof can be hazardous. I am voluntarily participating in equestrian or other activities with the knowledge of the danger involved and hereby agree to accept any and all risks of injury or death.

In consideration for being permitted to use the facilities at the *Horse Park at Woodside*, I hereby agree that I, my heirs, my distributees, guardians, legal representatives and assignees will not make a claim against, sue, attach the property of, or prosecute the *Horse Park at Woodside*, its landlord, directors, officers, members, employees or assignees, for any claim I now have or may hereafter have for death, injury or property damage resulting from my use of the facilities at the *Horse Park at Woodside*, whether caused by my acts of omission or negligence or any else's. In addition, it is understood that any and all insurance that I have shall be primary. To the fullest extent permitted by law, **I shall defend, indemnify & hold harmless** the *Horse Park at Woodside*, its landlord, directors, officers, agents and employees for and against any and all claims, damages, losses, expenses and liabilities of every kind, including but not limited to attorney's fees, in any way arising out of or in connection with my activities under this Agreement. This indemnify shall apply regardless of any active and/or passive negligent act or omission of the *Horse Park at Woodside*, its landlord, directors, officers, agents and employees.

***I have carefully read this agreement and release and fully understand its contents. I am aware that this is a Release of Liability, a waiver of legal rights and contracts between me and The Horse Park at Woodside. I sign this agreement and liability at my own free will. I further acknowledge that there are no warranties either express or implied, concerning the facilities, events or activities at The Horse Park at Woodside.***

Signature: \_\_\_\_\_  
*(Sign in person on your 1st day of camp: Parent/Guardian)*

Please Print Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_



## Dress Guidelines

Please make sure that your child is appropriately prepared for his or her day at camp by following the dress guidelines outlined below:

1. Dress in layers.
2. Dress in clothing that does not restrict any movement.
3. Wear long pants at all times to prevent chafing or rubbing on legs.
4. Wear closed toed shoes. Light-weight hiking boots or riding boots are ideal, though sneakers can be worn.
5. Riding gloves may be worn if desired. Mittens may not be worn.
6. Riding helmets will be provided. To ensure a safe and proper fit, it is important to remove any dangling earrings or hair accessories that would be uncomfortable under a helmet. High pony tails should be avoided as it interferes with proper adjustment of the helmet.
7. Remove any sharp or rigid objects from all pockets. This includes pencils, pens, wallets and cell phones.
8. For safety reasons, open-toed shoes are not to be worn at any time at B.O.K. (This includes parents and siblings).

## Photo Release

I **DO** consent to and authorize the use and reproduction by B.O.K. Ranch of any and all photographs and any other audio/visual materials taken of me for promotional material, education activities, exhibitions, and social media or for any other use for the benefit of the program.

I **DO NOT** consent to and authorize the use and reproduction by B.O.K. Ranch of any and all photographs and any other audio/visual materials taken of me for promotional material, education activities, exhibitions, and social media or for any other use for the benefit of the program.

Rider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign in person on your 1st day of camp: Parent/Guardian)



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### B.O.K. Ranch Participant's Health History

*Campers currently enrolled in the B.O.K. Ranch lesson program, do not have to complete this form.*

Participant name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender:  Female  Male

Diagnosis (if applicable): \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries (if applicable): \_\_\_\_\_

Medications (if applicable): \_\_\_\_\_

Please indicate current or past special needs in the following areas (mark any/all that apply):

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			
Seizure			



## Authorization for Emergency Medical Treatment

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility Street Address: \_\_\_\_\_

Preferred Medical Facility City/State/Zip: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### In the event of an emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home/work) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home/work) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home/work) \_\_\_\_\_ Cell phone: \_\_\_\_\_

### If emergency medical aid/treatment is required during camp, I authorize B.O.K. Ranch to:

1. Secure and retain medical treatment and transportation if needed.
2. Release injured person's records upon request to the authorized individual or agency involved in the emergency medical treatment.

### Consent Plan:

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) listed above is unable to be reached in a timely manner.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Sign in person on your 1st day of camp: Parent/Guardian)*



# B.O.K. Ranch

## Horseback Riding

# SUMMER CAMP



### Speed Limit/Parking/Parking Pass Agreement

#### Initial

- \_\_\_\_\_ I understand and agree to drive **10 miles per hour OR LESS** once I enter the Horse Park at Woodside.
- \_\_\_\_\_ I understand and agree that any person, mounted on a horse or handling a horse(s) from the ground, automatically has the right of way.
- \_\_\_\_\_ I understand and agree that I shall **slow to 3 miles an hour while passing any horse(s) on the Horse Park roads**, and I will come to a complete stop and wait if a horse or rider appears to be in distress or losing control.
- \_\_\_\_\_ B.O.K. Riders, volunteers, and visitors shall park in the designated parking area at the end of the road.
- \_\_\_\_\_ Riders who are non-ambulatory, or considered fragile ambulators, and have DMV handicapped plates and/or placards, may park in the handicap spaces close to the barn.
- \_\_\_\_\_ I understand and agree that if I am parking close to the barn in a designated handicap parking space that I will drive UNDER 5 miles an hour through the gate at Three Bay Farms (the barn located next to B.O.K. Ranch).
- \_\_\_\_\_ I agree to display a yellow B.O.K. Ranch parking pass in my car when entering the Horse Park at Woodside. I also understand that failure to have a parking pass during show season or during a Horse Park event, may lead to parking fees at the front gate, and no access to the B.O.K. Ranch parking area.
- \_\_\_\_\_ I understand that there are cameras located throughout the Horse Park and speeders may be asked to leave the premises and may not be allowed to return.
- \_\_\_\_\_ I understand that horses, by nature are flight animals and are easily frightened by speeding cars and loud car stereos. Horses' natural reactive nature may cause danger for their handler/rider.
- \_\_\_\_\_ I understand that it is very expensive to maintain the Horse Park roads, and that excessive speed increases the deterioration of the roads.
- \_\_\_\_\_ I understand that if I exceed the speed limit on Horse Park property, I waive my right to confidentiality, and my name will be reported to the Horse Park's main office.
- \_\_\_\_\_ I understand and agree that a rider may be dismissed from the B.O.K. Ranch program for unwritten traffic, speeding, parking, and/or other noted or unnoted interactions with other staff, visitors, and equestrians at the Horse Park at Woodside.
- \_\_\_\_\_ I understand and agree that a violation of any of the above mentioned, in full or in part, by any visiting family member, caregiver, friend or associate of any kind may result in a rider's expulsion from the B.O.K. Ranch program and the Horse Park at large.

I understand that by reading and signing this agreement, I take responsibility for any person associated with my lessons and/or volunteer work (i.e. spouses, caregivers, parents, visitors, carpools, minivans/transporters, etc.).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Sign in person on your 1st day of camp: Parent/Guardian)*