



Horsepower for kids
non-profit 501(c)(3)
8005 S. Race Track Rd.
Tampa, Florida 33635
(813) 855- 8992
www.horsepowerforkids.com

RECREATIONAL PROGRAM HORSEPOWER FOR KIDS, INC. (HORSE CRITTER CAMP)

TUITION FEES:

Horse Critter Camp \$200 per week 8:30am - 2:30pm

Please make checks payable to HORSEPOWER FOR KIDS, INC.

I understand that tuition is DUE MONDAY morning unless otherwise agreed upon.

I will make every effort to have my child at camp by 8:30am so that he/she can be involved in the morning learning program.

I understand that the camp opens at 8:30am
I understand that the camp closes at 2:30pm

I understand that no medication will be administered at camp by staff. If my child is on medication, it will be given at home and that arrangement for proper dosage will be the responsibility of the child's doctor and parent.

I understand I will sign my child in/out when dropping off and picking up.
I understand if my child is being picked up by someone else, we must have something in writing stating person's name and signed/authorized by parent. Person must show Identification.

I HAVE READ THE ABOVE AND AGREE TO COMPLY:

Signature: _____ Date: _____

Please be sure to label (with a permanent marker) all clothing, shoes, lunch boxes, bathing suits or anything your child bring to camp. We will make every effort to keep track of your child's belongings, but we can be responsible if your child brings toys, electronics, etc.
NO TOYS / NO VALUABLES.
WE ASK THAT YOUR CHILD WEAR CLOSED TOE SHOES & APPROPRIATE CLOTHING.

**HORSEPOWER FOR KIDS, INC. / HORSE CRITTER CAMP
CAMP APPLICATION**

DATE CHILD WILL ATTEND CAMP (WEEK): _____

Child's Full Legal Name: _____

Nick Name: _____

Age: _____ Gender: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's full name/Guardian: _____

Address: _____ Phone: _____

Place of employment: _____

Occupation: _____ Phone: _____

Father's full name/Guardian: _____

Address: _____ Phone: _____

Place of employment: _____

Occupation: _____ Phone: _____

Child lives with: _____

Who has custody? _____

Child's Physician: _____ Phone: _____

May we contact another physician in case of emergency? Yes _____ No _____

Person(s) to be notified in case of an emergency if parents can not be reached?

We **MUST** have 2 contacts:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Others authorized by parent/guardian to pick up child: (send note with child)

Name: _____ Relationship: _____

Transportation by car, bicycle, taxi, etc.: _____

Please list child's fears, habits, behaviors, etc.: _____

Child's Allergies: _____

Other significant characteristics: _____

Parent/Guardian Signature: _____ **Date:** _____

HORSEPOWER FOR KIDS, INC. - HORSE CRITTER CAMP

POLICIES AND PROCEDURES AGREEMENT

- 1) This camp will be open from 8:30am to 2:30pm Monday thru Friday (4 days on Holiday weeks)
- 2) Each child must have a change of clothing that is left at the camp in case of an emergency. All clothing must be clearly marked with child's name. The camp is not responsible for any unmarked clothing/valuables. Campers should wear comfortable clothing (long pants & closed toe shoes). Flip flops are **ONLY ALLOWED** when exiting pool area, otherwise **NOT** allowed to wear during camp.
- 3) On the advice of the Pinellas County First Aid Council and because of the increasing cost of liability insurance, we **WILL NOT** administer medication at our camp. We have contacted several local pediatricians and they have assured us that most medications can be prescribed around our camp hours. Please be sure to request a twice a day dosage where possible.
- 4) Children who become ill may not remain at camp. Parents will be contacted to pick up sick child. Please **DO NOT** send your child to camp if the following symptoms/conditions exist:
 - * Fever within the last 24 hours
 - * Vomiting within the last 12 hours
 - * Any unexplained rash(s)
 - * Persistent coughing, wheezing or shortness of breath
 - * Runny green discharge from nose
- 5) Nutritious lunch is to be provided by child's parent/guardian. We do have a store on premises with drinks & snacks.
- 6) Parents must cooperate with camp in carrying out all governmental laws, rules and regulations effecting the operation of this camp.

These policies and procedures have been designed to ensure the safety, security and health of your child. Your cooperation is greatly appreciated.

Parent/Guardian Signature

Date

**HORSEPOWER FOR KIDS INC. - HORSE CRITTER CAMP
SWIMMING WAIVER AND PERMISSION SLIP**

I, _____ give my child, _____ permission to participate in swimming activities @ Horsepower for kids. I understand Horsepower for kids will use all reasonable precautions to ensure the safety of my child during swimming activities. I will not hold Horsepower for kids, Inc. or their staff liable for accidents or mishaps resulting from swimming activities. My child knows have to swim.

_____ Date _____ Signature of Parent/Guardian

HORSEBACK RIDING AND PLAYGROUND WAIVER & PERMISSION SLIP

I understand that Horsepower for kids, Inc. offers horseback riding during horse critter camp. I am fully aware of the dangers involved in working with animals and their unpredictable temperaments. Horsepower for kids, Inc. agrees to take all safety precautions possible during horseback riding activities to include the use of safety riding equipment. I agree to allow my child to participate in horseback riding activities and I understand I can not hold Horsepower for kids, Inc. or staff liable in case of an accident.

We at Horsepower for kids, Inc. wish to allow our campers as much freedom as possible during supervised playtime. However, we must inform you that our insurance policy does not cover liability for incidents which occur during the following stated activities, horseback riding, swimming, tree climbing, etc nor negligence during outdoor play. We ask you speak with your child about always practicing safety.

_____ Child's Name _____ Parent/Guardian's Signature

INSURANCE

We need to clear up any misconceptions concerning insurance. Your personal insurance is the insurance for all accidents. We at Horsepower for kids, Inc. DO NOT have the coverage to cover any incidents while your child is attending our camp.

We have more than ample staff to child ratio. We cover the grounds at all times but with our environment we will have accidents (stitches, maybe broken bone(s), cuts, scratches, etc. We are disclosing this to each family upon registering. If you feel your child can not handle this type of environment, Horsepower for kids is not the camp for your child. We want all our campers/families to feel safe and especially happy. If you do not have health insurance please notify us.

We need to know the name of your insurance company and if it is a group plan? We hope this will clear any misconceptions.

_____ Child's Name _____ Parent/Guardian's Name

_____ Insurance Company _____ Group Policy Number

Date: _____