

# 2022 Tap Root Farm Summer Camp Application

## 905 Hickory Hills Drive, Franklin 37067

You will receive a confirmation email upon receipt of this application & deposit in our office. In order to secure the dates you prefer, for **each camper** and **each week**, please enclose a **\$150 non-refundable deposit check payable to Susan Ingraham**. Full balance is due 30 days prior to the first camp date; an unpaid balance due releases your reservation for camp. Due to the limited openings, please print, complete and mail as soon as possible. First come- first serve. We will fill the spots in the order in which we receive applications via mail. If your preferred dates are not available, you will be contacted by our staff. Please complete the application in its entirety. **One application per camper**. Please check the box next to the camp date(s) you prefer. If your schedule is flexible, you may rank them in your preferential order.

<b>Week of June 20<sup>th</sup> – 24<sup>th</sup> (TRF Equestrian Camp)</b>	
<b>Week of June 27<sup>th</sup> – July 1<sup>st</sup> (TRF Equestrian Camp)</b>	
<b>Week of July 11<sup>th</sup> – 15<sup>th</sup> (TRF Equestrian Camp)</b>	
<b>Week of July 18<sup>th</sup> – 22<sup>nd</sup> (TRF Equestrian Camp)</b>	
<b>TOTAL NUMBER OF WEEKS OF CAMP</b>	

Camper Name:		Gender: M	F
Age:	School & Grade Completed 5/2022:		
Address:			
City:	State:	Zip:	
Request for your camper to be in the same group as:			
Name:	Age:		
Name:	Age:		
Parent's Information:			
Mother:	Father:		
Cell:	Cell:		
Confirmation Email:			
Approved for drop-off & pick-up:			
Name:	Cell:	Relationship:	
Name:	Cell:	Relationship:	

## Medical Information:

Please provide us with the following additional information to ensure the safety of your camper.

Additional Emergency Contact:	
Phone Number:	Relationship to Camper:
Family Physician:	
Address:	Phone:
Insurance Company:	Group Number:
Policy Number:	
Allergies to: (including prescription medication) or health conditions:	
A qualified member of the camp staff has my permission to administer the following medications to my child or their generic equivalent (circle):	
Acetaminophen	Ibuprofen
Aspirin	
Other:	
I, the parent, will send the following medications with my camper that they are to take according to the instructions below:	
Parent's Signature:	Date:

## 2022 Tap Root Farm Equestrian Camp Waiver

Please read & sign the following waiver.

Camper Name(s):
-----------------

In case of disabling accident or illness, I authorize Tap Root Farm Equestrian Camp to take emergency action or measures to protect my child and his/her health. I request the camp to contact me. If the camp cannot reach me in due time (which will vary based on the seriousness of the injury or health concern) I hereby authorize the farm to contact the above person and follow his or her instructions. If my designated "additional emergency contact", cannot be reached, I hereby authorize Tap Root Farm Summer Camp to use its best judgment and take emergency measures to protect my child. I, the undersigned, hereby voluntarily and knowingly release any and all claims against SUSAN INGRAHAM, her agents, heirs, executors, partners, administrators, employees, representatives, successors, assigns, sponsors, volunteers, and contractors, including but not limited to any claim against Tap Root Farm, Tap Root Equestrian Program, Ingraham Family Limited Partnership, its owners, partners, agents, assigns or successors (all the foregoing are hereinafter collectively referred to as "INGRAHAM") from any and all liability or claims arising out of or in any way related to the summer camp & summer camp's camp-out and equine activities or presence a Tap Root Farm or Tap Root Farm Equestrian Program. Under Tennessee law, an equine professional is not liable for injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee code annotated, title 44, chapter 20.

Mother's Signature:	Date:
Father's Signature:	Date:

**Photo Release:** I give my permission to post photos on the internet or use photos in marketing for Tap Root Farm/TRFEP of my child without using my child's name.

Circle: YES NO

Child's Name:	Date:
Mother's Signature:	Date:
Father's Signature:	Date:

Please be precise and clear about the information below so that we can match your camper to the horses that would best fit them. Please check one that applies to your campers riding experience.

	<b>none to little experience around horses</b>
	<b>has experience walking, backing, and guiding a horse</b>
	<b>can trot and guide a horse through cones</b>
	<b>2 years + riding experience, controlled and confident cantor</b>

Campers are to bring their own lunches Monday- Friday. **Please be sure camper has AM & PM snacks.** Camper must have a large insulated personally labeled water bottle with a strap to carry with them all day. **Please send a minimum of FIVE (5) LARGE bottles of water to refill you camper’s water bottle throughout the day.**

**TAP ROOT FARM EQUESTRIAN CAMP IS BIG TIME FUN!**

Activities include horses, horses & horses. Each camper is responsible for their assigned horse. We accept 20 participants/week:

1. Equine Care: Grooming, Bathing, Hoof Care, Nutrition
2. Ground work: Round Pen work, Join Up, Training & warm-ups
3. Tack Care: Cleaning, Safety check, Proper Tack-up/Untack for individual horse’s needs
4. Riding: Safety, Posture, Huntseat & Western, Arena Work /Obstacle Course/ Trail Ride

Games & competitions: Teams compete for FUN

## Tap Root Farm Equestrian Program Camp Prices

<b>Before Care 7:30 to 9 AM</b>	<b>\$10 / DAY M T W Th F</b>	
<b>After Care 3 to 5:30 PM</b>	<b>\$20 / DAY M T W Th F</b>	
<b>Before and After Care</b>	<b>\$30 / DAY M T W Th F</b>	
	<b>TOTAL:</b>	

<b>\$369: Deposit received by 3/1/2022</b>	
<b>\$389: Deposit received by 4/1/2022</b>	
<b>\$410 Until Full (2<sup>nd</sup> child discount \$20-only applies with this price)</b>	
<b>Total From Before Care</b>	
<b>Total From Before Care</b>	
<b>Total From Before / After Care</b>	
<b>TRFEP Semester Lesson Participant Discount</b>	\$-
<b>GRAND TOTAL:</b>	

**Payment options:** Venmo (@Susan-Ingraham-8), checks payable to **Susan Ingraham**, and cash (in an envelope). Thank you for clearly marking your payments with your student's name, date paid, and that this payment is for Summer Camp.