

# Keezlenutten Farm, LLC

3442 Keezlenutten Lane Keezletown, VA 22832 (540) 269-2227

Your child is invited to join Advanced Beginner horse camp week: July 7-11 or July 21-25. There are also two weeks of full day camp available, if these do not work for your family. Campers need to arrive at Keezlenutten Farm by 8:00 am and be picked up by 3:30 pm. The cost of camp is \$425.00 per student. Each week will have a maximum of 12 students, availability on a first come, first served basis held by a \$100.00 deposit. We will also be offering one week of half day camp for children ages 6-10. If you or someone you know is interested in receiving more information about these camps, please contact me.

The schedule during the week will be as follows:

8:00 - 9:00	Bring in and feed horses
9:00 – 11:00	Riding lesson (students will be broken up into groups based on their skill level)
11:00 - 11:30	Untack and groom horses
11:30 - 12:00	Lunch (pack your own)
12:00 - 1:00	Learning project of the day or craft
1:00 - 3:00	Second riding lesson
3:00 - 3:30	Untack and turn out horses

### On Friday everyone is invited to watch an exhibition starting at 2pm.

During their stay, students will review the following:

- Basic farrier work
- Cleaning stalls (the campers' favorite part!!)
- Health and medical care
- Cleaning tack
- Conformation
- Costs of owning and caring for a horse
- Grooming
- Feeding

Please call me if you have any questions regarding camp, 540-290-3731. I look forward to seeing everyone there!

\*Please return all enclosed forms to Danielle Geisert, 3226 Caverns Drive, Keezletown, VA 22832\*



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Rider's Name	Birthdate	Height	Weight		
Please mark your preference for an Ad	vanced Beginner camp week:				
July 7-11 July 21-25					
If you are unable to participate in eithe the other weeks:	r of these weeks, but would like to	attend another camp, p	lease mark your 1 <sup>st</sup> and 2 <sup>nd</sup> choices for		
July 14 - 18	July 28 – Aug 1				
Parent/Guardian	Phone	C	ell		
Address	City		Zip		
Email					
Emergency Contact person, other than	parent:				
Name	Phone	Relation to student			
Physician's Name	Phone				
Preferred Medical Facility	lity Date of last tetanus shot				
Describe ANY medical condition (in dosage. None	cluding allergies) requiring speci	ial precautions or trea	tment and any medications and		
Otherwise, please describe:					
In case of medical emergency, the unassistance as they determine necessary rider, including anesthetic, which they	, at your cost. The undersigned au				
No person can be accepted for riding i age (18), he/she may complete the form avoid any accident, NO LIABILITY can	n. Riding instruction will be under	r strict supervision, and			
There will be no refunds made for a cacamp, all monies paid, minus the \$100 who exhibits emotional, psychological refund of fee.	deposit, will be refunded, if they	cancel at least 2 weeks	s prior to the start of camp. A camper		
I HAVE READ THIS ENTIRE REL	EASE AND AGREE TO IT.				
PARENT/GUARDIAN SIGNATURE			DATE		



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## PHOTO RELEASE FORM

permission to take or ha	ve taken, still	and movi	wledged, the undersigned hereby grant to Keezlenutten Farm, LLC ng photographs and films including television pictures of orizes Keezlenutten Farm, LLC, its advertising agencies, news media,
and any other persons interested	in Keezlenutten cize the same by	Farm, LLC, a y all means in	nd its work, to the use and reproduction of the photographs, films, and including without limit, the generality of the foregoing newspapers,
	of Keezlenutten	Farm, LLC to	mises have been made to us/me to secure our/my signature(s) to this use or be used such photographs, films and pictures for the primary
PARENT/GUARDIAN SIGNA	DATE		
	HORS	SEBACK R	IDING EXPERIENCE
Has the rider:			
Walked on a horse?	Yes	☐ No	
Trotted on a horse?	Yes	☐ No	
Cantered on a horse?	Yes	☐ No	
Taken lessons?	Yes	☐ No	If so, for how long?
Jumped?	Yes	☐ No	If so, to what height?
Owned their own horse?	Yes	☐ No	If so, for how long?
Are there any specific skill	s that the rider	needs to wo	ork on, or would like to work on?