



Blessings Farm, Inc.

50 H. Foote Road, Charlton, Ma 01507

Barn Days of Summer 2020

(program revised due to covid 19)

Student's Name: _____ Date of Birth: _____ Weight: _____

Home Phone: _____ Home Address: _____

Parent/Guardian: _____ Parent/Guardian: _____

Mobile Phone: _____ Mobile Phone: _____

Work Phone: _____ Work Phone: _____

Email Address: _____ Email Address: _____

EMERGENCY & MEDICAL INFORMATION

Emergency Contact: _____ Relationship to Student: _____

Emergency Phone: _____

Primary Care Physician: _____ Phone: _____

Know Allergies / Medical Conditions: _____

Bringing an EpiPen? _____ Last Tetanus Shot: _____ Preferred Hospital: _____

Please check off the week/weeks that you would like to enroll your child. **A minimum deposit of \$75 for per week is required to reserve your child's spot.** Deposits are non-refundable unless we are able to fill your child's spot with another student.

NOTE: Students must bring their own bug repellent, sunscreen, lunch, and hydration.

Week #2: July 6th - 10th
Week #3: July 13th - 17th
Week #4: July 20th - 24th
Week #5: July 27th - 31st
Week #6: Aug 3rd - 7th
Week #7: Aug 10th - 14th

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

I am registering my child for _____ weeks this summer.

Cost per week is \$150

My total donation amount will be _____.

Enclosed deposit amount is _____.

My balance due before the first class is _____.

(All deposits are not refundable once classes have begun)

(social distancing and face masks are required)



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Volunteers are an essential part of Blessings Farm's programs and Christian mission. Please let us know how you and your family can help ensure our continued success.

This form can be completed and mailed to Blessings Farm at 50 H. Foote Road, Charlton, MA 01507, or handed in to any instructor, board member or regular volunteer.

Thank you very much for you help!!



"I can do things you cannot,
you can do things I cannot;
together, we can do great things."
~ Mother Teresa

Skills & Services:

| | | | |
|--------------------------|---------------------------|--------------------------|--------------|
| <input type="checkbox"/> | artist | <input type="checkbox"/> | pest control |
| <input type="checkbox"/> | baking | <input type="checkbox"/> | plumbing |
| <input type="checkbox"/> | building/carpentry | <input type="checkbox"/> | repairing |
| <input type="checkbox"/> | cleaning | <input type="checkbox"/> | painting |
| <input type="checkbox"/> | construction | <input type="checkbox"/> | research |
| <input type="checkbox"/> | cooking | <input type="checkbox"/> | roofing |
| <input type="checkbox"/> | crafts | <input type="checkbox"/> | sign making |
| <input type="checkbox"/> | electrical | <input type="checkbox"/> | security |
| <input type="checkbox"/> | engineering | <input type="checkbox"/> | snow removal |
| <input type="checkbox"/> | gen. maintenance | <input type="checkbox"/> | technology |
| <input type="checkbox"/> | gen. horse care / feeding | <input type="checkbox"/> | yard care |
| <input type="checkbox"/> | horsemanship instruction | <input type="checkbox"/> | |
| <input type="checkbox"/> | painting | <input type="checkbox"/> | |

Fundraising Needs:

| | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | organizing |
| <input type="checkbox"/> | phone calls |
| <input type="checkbox"/> | store front volunteer |
| <input type="checkbox"/> | baking / cooking |
| <input type="checkbox"/> | in-kind items / supplies |
| <input type="checkbox"/> | special committess |
| <input type="checkbox"/> | music / entertainment skills |
| <input type="checkbox"/> | grant writing |
| <input type="checkbox"/> | donor management |
| <input type="checkbox"/> | greeting/info booths |
| <input type="checkbox"/> | distrubuting flyers |
| <input type="checkbox"/> | contacting promoters |
| <input type="checkbox"/> | general needs |

Please describe any other skills or services you are able to provide that may be helpful to Blessings Farm, our programs, and/or our fundraising efforts:

NAME

DATE

BEST PHONE TO REACH ME

EMAIL ADDRESS



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FAMILY STATISTICS REQUEST

This information is being gathered in a confidential manner for the sole purpose of creating a statistical base. This data will help immensely when applying for funding through grants and other outside sources in order to support the financial needs of Blessings Farm, Inc. We thank you very much for your participation.

Student Information:

Student #1: _____

Gender (circle one): female male age: _____

Special Needs (or disability): _____ (if applicable)

Student #2: _____

Gender (circle one): female male age: _____

Special Needs (or disability): _____ (if applicable)

Student #3: _____

Gender (circle one): female male age: _____

Special Needs (or disability): _____ (if applicable)

Family Income:

| | | | |
|--|--|--|--|
| <input type="checkbox"/> below \$25k | <input type="checkbox"/> \$36k - \$45k | <input type="checkbox"/> \$56k - \$65k | <input type="checkbox"/> \$76k - \$85k |
| <input type="checkbox"/> \$26k - \$35k | <input type="checkbox"/> \$45k - 55k | <input type="checkbox"/> \$66k - \$75k | <input type="checkbox"/> above \$85k |

Religious Affiliations (if any):

Thank You!



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Barn Days of Summer Waiver of Liability

WARNING: Under Massachusetts Law, an equine professional is not liable for any 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 Massachusetts General Laws.

Please read this document carefully and do not sign unless you fully understand it!

Student/Volunteer's Name: _____ Date of Birth: _____

Parent / Guardian's Name: _____

RELEASE OF LIABILITY

I/We, the undersigned, acknowledge that the handling and riding of horses is hazardous to both rider and horse, and therefore I/we willingly and knowingly assume and accept all responsibility and risks which are involved while riding and/or training under instructors or in connection therewith. If a student, relative or friend, should become injured at Blessings Farm, Inc., while riding, boarding, participating or observing with an instructor, she/he has the permission from the said parent or guardian to send the injured person to the hospital for treatment. I/We, the undersigned, hereby voluntarily release, indemnify and hold harmless, Blessings Farm, Inc, Board Members, volunteers, horse owners, instructors, other students and the facility land owners from any claim, action or suit, arising from any occurrence, act or omission which results in injury, loss to person, horse and/or equipment. In addition to, but in no way limiting the foregoing, the undersigned covenants and agrees to prohibit any relative, representative and/or agent from seeking relief for any damages from Blessings Farm, Inc., Board Members, volunteers, horse owners, instructors, other students and facility land owners of said premises on behalf of the undersigned.

Student/Volunteer's Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

~~~~~ PHOTO RELEASE ~~~~~

I _____, parent/guardian of _____
give Blessings Farm, Inc., consent for my child's photographs and other related audio/visual materials that may be taken on site or during any Blessing's Farm, Inc., events or activities, to be used for promotional purposes, including, but not limited to, social media, websites, printed materials, and advertisements, etc. I understand that my child's name will not be with any images.

_____ Yes, I consent



_____ No, I do NOT consent