Cold Spring Farm PA, LLC 258 Spring Valley Road, Oxford PA, 19363 Summer Camp Application and Registration Form

Camper's Name:		Date of Birth:		
Address:				
Phone #:	Height:	Weight:	Shirt Size:	
Allergies or Medical Issu	ies:			
Parent/Guardian Name(s):			
Parent/Guardian Addres	ss(s):			
Parent/Guardian Phone	#:	Cell #:		
Parent/Guardian Email(s	s):			
Other Emergency Conta	ict:			
Persons Authorized for I	Orop Off/Pick	Up:		
MUST INCLUDE COPIE	S OF CHILD	REN'S INSURA	NCE CARDS WITH THE	S APPLICATION
Equipment Required				
All children must bring a pants are recommended		safety harness	and appropriate riding sh	าoes/boots. Long

Camp Dates

(Monday through Friday – 9am to 3 pm)

Check desired session(s) below:

 Session 1: [June 15-19]
 Session 2: [June 22-26]

 Session 3: [June 29-July 3]
 Session 4: [July 13-17]

 Session 5: [July 20-24]
 Session 6: [July 27-31]

 Session 7: [Aug 10-14]
 Session 8: [Aug 17-21]

Registration and Payment

Fee is \$375 per child per session. \$350 per child per session if registering for TWO or more sessions. Early bird discount of \$350 per child per session is available if Registration and Payment is made before April 1st.

Before care and after care is available at \$10.00 per hour per child.

A **non-refundable** registration deposit of \$100 per child per session is required. Balance is due on or before the first day of your child's camp session.

Please print out, complete and mail this registration form, horseback riding questionnaire, liability release, and medical emergency information with deposit(s) to: Cold Spring Farm PA, LLC, 258 Spring Valley Road, Oxford, PA 19363. Cash, money order, or checks made payable to "Cold Spring Farm PA, LLC."

Release

The undersigned acknowledges that they are the parents/legal guardians of the applicant/camper and that in consideration of their child being permitted to participate in COLD SPRING FARM's day camp and other riding activities, being aware of the risk of injury to the child and agree that they will be responsible for and hereby release COLD SPRING FARM, its agents, helpers, employers, volunteers, etc. from any and all liability including negligence by reason of injury to their child, themselves, or their property during the day camp and riding activities, including but not limited to: swimming, water activities, day trips, riding lessons, trail rides, exercise, jumping, caring for horses before and after riding, showing, etc.

By signing below, the undersigned acknowledges that they have assumed the risk of equine activities pursuant to Pennsylvania Law, pursuant to the Equine Activity Immunity Act of December 22, 2005, P.L. 472 No. 93 CL 42.

Participant Name (Print):	
Consent Signature: Must be parent or legal guardian if under 18	Date:

A confirmation email will be sent to you upon receipt of completed registration and deposit.

Cold Spring Farm PA, LLC 258 Spring Valley Road, Oxford PA, 19363 Summer Camp Horseback Riding Questionnaire

Please fill out this questionnaire to help us prepare for your time at camp. This form is necessary so we can match horse and rider appropriately and therefore give campers a great time at camp. Thank you!

Camper's Name:	Date of Birth:
Height:	Weight:
Riding Experience (ch	eck one):
Pre-Riding (ne	ver been on a horse and/or may need support to sit balanced in a saddle).
Beginner (ridde	en a horse less than 5 times, little to no experience).
Intermediate (taken more than 5 horseback riding lessons and performs basic riding skills).
`	kes/has taken horseback riding lessons consistently, can walk/trot and riding skills, confident and comfortable when riding/working with horses)
Dleace describe any ri	ding experience you have or anything we should know about your

Please describe any riding experience you have or anything we should know about your experience with horses:

Please note, all horses and ponies are assigned by the Camp's Staff at their discretion. We take into consideration the age/weight/height/experience of campers to ensure a safe and enjoyable time at camp.

Photo Consent and Release

Yes. Feel free to put my child's picture on your website, social media, printed materials or other advertising.

No. Please do not take or post pictures of my child.

Cold Spring Farm PA, LLC 258 Spring Valley Road, Oxford PA, 19363 Medical Emergency Information

In the event of an emergency, cor	ntact:	
Name:	Relation:	Phone #:
Name:	Relation:	Phone #:
☐ CONSENT PLAN		
In the event that emergency me center activities, or while on the p		quired due to illness or injury during uthorize Cold Springs Farm to:
1. Secure and maintain me	edical treatment and trans	portation if needed.
2. Release participant re involved in the medical emergence	·	the authorized individual or agency
	by the physician. This	ion, medication and any treatment provision will only be invoked if the
Consent Signature: Must be parent or legal guardian i	Dat f under 18	e:
☐ NON-CONSENT PLAN		
	on the property of the	ent/aid in the case of illness or injury e agency. In the event emergency o take place:
Participant Name (Print):		
Consent Signature: Must be parent or legal guardian i	Dat f under 18	e:

Cold Spring Farm PA, LLC 258 Spring Valley Road, Oxford PA, 19363 Release and Hold Harmless Agreement

No student will be accepted for equine assisted activities and/or horsemanship instruction and no volunteer accepted for service at COLD SPRING FARM until this form has been READ, UNDERSTOOD, COMPLETED AND SIGNED by the parent(s) or guardian(s) of a minor or, if the student or volunteer is of legal age and sound mind, by the student or volunteer. Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding, driving, and working around horses. This includes bodily injury from horseback riding or driving or being in close proximity to horses. Among other risks, both horse and rider can be injured during normal use or in competition and schooling.

In order to provide this valuable service, NO LIABILITY can be accepted by the COLD SPRING FARM or any of the organizations or persons connected with the above named facility. IN CONSIDERATION for the privilege of riding, driving and/or working around horses at the COLD SPRING FARM facility, the undersigned, as self, or as parent(s), or guardian(s) of the named minor, jointly or severally, do hereby agree to release, hold harmless and indemnify COLD SPRING CARM, its officers, directors, trustees, agents, employees, representatives, successors and assigns from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorney's fees, which the undersigned or said minor may now or in the future have against COLD SPRING FARM, its officers, directors, trustees, agents, employees, representatives, successors and assigns, on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to, acts or incidents occurring at or relating to COLD SPRING FARM, its officers, directors trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services described above or in any way incidental thereto.

By signing this Release and Hold Harmless Agreement, the undersigned acknowledges that they have assumed the risk of equine activities pursuant to Pennsylvania Law, pursuant to the Equine Activity Immunity Act of December 22, 2005, P.L. 472 No. 93 CL 42.

I have carefully read this agreement and fully understand its contents.

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Consent Signature:	Date:
Must be parent or legal guardian if under 18	

Participant Name (Print):