

Cold Spring Farm PA, LLC
258 Spring Valley Road, Oxford PA, 19363
2022 Summer Camp Application and Registration Form

Camper's Name:

Date of Birth:

Address:

Phone #:

Height:

Weight:

Shirt Size:

Allergies or Medical Issues:

Parent/Guardian Name(s):

Parent/Guardian Address(s):

Parent/Guardian Phone #:

Cell #:

Parent/Guardian Email(s):

Other Emergency Contact:

Persons Authorized for Drop Off/Pick Up:

MUST INCLUDE COPIES OF CHILDREN'S INSURANCE CARDS WITH THIS APPLICATION

Equipment Required

All children must bring a horse riding helmet .And appropriate riding shoes/boots. Long pants are recommended.

These items can be purchased at Oxford Feed and Lumber, Dover Saddlery or Fair Hill Saddlery or Amazon.

Camp Dates 2022

(Monday through Friday – 9am to 3 pm)

Check desired session(s) below:

Session 1: [June 13-17]

Session 2: [June 20-24]

Session 3: [June 27-July 1]

Session 4: [July 11-15]

Session 5: [July 18-22]

Session 5A: [July19-20-21 - **Mini camp 9AM to 12 - No after care**]

Session 6: [July 25-29]

Session 7: [Aug 1-5]

Session 8: [Aug 15 - 19]

*****REMINDER - ABSOLUTELY NO CHANGING OF DATES ONCE REGISTERED/NO REFUNDS.*****

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 FARMS 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: _____ 2022

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
2022 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 (check one):

Pre-Riding (never been on a horse and/or may need support to sit balanced in a saddle). **Beginner** (ridden a horse less than 5 times, little to no experience).

Intermediate (taken more than 5 horseback riding lessons and performs basic riding skills).

Advanced (takes/has taken horseback riding lessons consistently, can walk/trot and perform basic riding skills, confident and comfortable when riding/working with horses).

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, contact:

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

CONSENT PLAN

In the event that emergency medical aid/treatment is required due to illness or injury during center activities, or while on the property of the agency, I authorize Cold Springs Farm to:

1. Secure and maintain medical treatment and transportation if needed.

2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature: _____

Date: _____ 2022

Must be parent or legal guardian if under 18

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during center activities or while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Participant Name (Print): _____

Consent Signature: _____ Date: _____ 2022

Must be parent or legal guardian if under 18

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 FARM, 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.

Participant Name (Print):

Consent Signature: _____

Date: _____ 2022

Must be parent or legal guardian if under 18