

**Cold Spring Farm PA, LLC**  
**258 Spring Valley Road, Oxford PA, 19363**  
**2026 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, appropriate riding boots. Long pants are recommended. Also bring a backpack with a change of shorts, sneakers (no flip flops or open toe shoes.) In a backpack please include a towel for water games, lunch, snack, plastic refillable bottle or drink of your choice.

**NO GLASS CONTAINERS**

These items can be purchased at Oxford Feed and Lumber, Dover Saddlery or Fair Hill Saddlery or Amazon also rain boots will work as they have a heel.

**Camp Dates 2026 -**

***(Dates are subject to change/cancel according to enrollment numbers)***

Monday through Friday – 9am to 3 pm

Check desired session(s) below:

Session 1: [June 22 - 26]

Session 4 [Aug 3 - Aug 7]

Session 2 [July 13 - 17]

Session 5 [Aug 17 - 21]

Session 3 [July 27 - 31]

Session 6 Mini Camp - [June 30] & [July 1 - 2]

**No after care for Mini Camp**

## Registration and Payment

Mini Day Camp tuition \$300 per child.

Mini camp days are Tues, Wed., Thurs. 9am - 12 / **Please bring a drink and a snack for your child.** “ **ALL MINI CAMP CHILDREN MUST BE TOILET TRAINED.**”

**\*Parents must leave farm property for the safety of all attendees during the child's session.\***

**This is only a drop off Camp.**

Full day Camp tuition is \$425 per child per session.

All Camp tuition is to be paid in full by the week of your child's registered camp week.

### **NO REFUNDS OR CHANGES ONCE YOUR CHILD IS REGISTERED.**

Before care and after care is available at \$10.00 per hour per child and can be paid weekly.

A **non-refundable** registration deposit of \$100 per child per session is required.

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: \_\_\_\_\_ Date: \_\_\_\_\_ 2026

Must be parent or legal guardian if under 18

**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**  
**610-324-3851 - Cindy Gallagher**  
**2026 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).

\_\_\_\_\_ **Advanced** (takes weekly horseback riding lessons consistently, can walk/trot and canter 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: \_\_\_\_\_ 2026

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: \_\_\_\_\_ 2026

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: \_\_\_\_\_ 2026

Must be parent or legal guardian if under 18