

2023 Camp Registration Form

Camper Information

Camper's Name (First)		(Last)			
Street	City	State	?	Zip	Sex: 🗆 Male 🗆 Female
Age as of (7/1/2023) Date of	f Birth Gr	ade Entering	Em	ail:	
Height Weight	T-Shirt Size (Youth):	□ X-Small	□ Small	□ Medium	□ Large □ X-Large
Parent or Guardian Information					
Parent/Guardian's Name (First)		(Last)_			
Parent/Guardian Telephone (I)		Tel (II) _			
Email:		(used or	nly to contact pa	rents and to infor	m them of summer camp programs)
How did you select this camp? □ Webs	te 🗆 Word of mouth	□ Flyer □ Broci	hure 🗆 Ad	□ Other	
□ I'll be bringing my own Horse/Pony (v	accines should be up to date	e with current nega	tive coggins)		
Name:	Breed:		Height:	Special Requ	vests:
□ I'd like to request the use of a farm ha	orse				
*Ontional: Farm Horse Request	(Not augranteed) (1)		(2)		

2023 Camp Rider Evaluation Form

New students and campers, please read carefully and check all that apply to you							
☐ Never ridden before	\square Can canter in a group						
\square Never ridden on a trail or outside of the ring	\square Knows simple lead changes at the canter						
\square Never tacked-up or groomed a horse	\square Able to maintain a jumping position at a trot and canter						
\square Can tack-up and groom, but may need assistance or help	\square Able to trot over cross-rails in a jumping position						
\square Can trot off the lead line with little or no assistance	\Box Able to trot over a small course of 3-4 cross rails						
\square Comfortable at the posting trot but has trouble with diagonals	\Box Able to canter a small course of 3-4 cross rails with simple lead changes						
\square Able to sit trot and post trot without stirrups comfortably	\square Able to canter a full course (6-8 jumps) of small fences.						
\square Has cantered	\square Has competed over a full course of 2'6" fences or higher						
Do you take lessons If yes, what year did you start and how often do you	take them?						
Please have your instructor write down what you are working on right now, and riding you are doing.	what you do in a typical lesson. If you are not riding with an instructor, please describe what type of						
What would you like to work on while at camp?							
Do you want to go on trail rides? Yes / No							
Would you prefer your lessons to be more focused on flat work, games, trail ridir	ng, show jumping or cross country, or some of each?						
In general, please rate how comfortable you are around horses: \Box Timid but willing to try \Box Mostly confident							
☐ Ok, but not confident ☐ Very confident & comfortable							
□ OK, but not conjuent □ very conjuent & comjutude							
Please describe the temperament of horse that you most enjoy: (i.e., very lazy, lo	ots of energy, etc.)						
Do you have any special requests for the riding program at camp?							

Final decisions on your child's riding level will be made by the summer camp director.

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Selection		Time	Dates	Age	Specialty Weeks & Riding Level			Price
	Session 1 (Full day) – 2 DAY	10AM-5PM	6/22-6/23	12+	Advanced Trail: Intermediate+			\$375
	Session 2 (Full Day) – 2 DAY	10AM-5PM	7/6-7/7	5+	Introductory Beginner: Beginner +			\$300
	Session 3 (Full day)	10AM-5:00PM	7/10-7/14	5+	Beginner Horsemanship: Beginner – Beginner Novice			\$675
	Session 3 (Half day)	10AM-2:00PM	7/10-7/14	5+	Beginner Horsemanship: Beginner – Beginner Novice			\$375
	Session 4 (Full day)	10AM-5:00PM	7/17 - 7/21	10+	Jump/Eventing: Novice +			\$675
	Session 5 (Full Day)	10AM-5:00PM	7/30-8/4	5+	Beginner Games/Gymkhana: Beginner – Beginner Novice			\$675
	Session 5 (Half Day)	10AM-2:00PM	7/30 - 8/4	5+	Beginner Games/Gymkhana: Beginner – Beginner Novice			\$375
	Session 6 (Full day) - 2 Day	10AM-5PM	8/7-8/8	10+	Dressage Camp: Novice+			\$300
	Session 7 (Full day)	10AM-5PM	8/14-8/18	7+	Advanced Games: Beginner Novice +			\$675
	Session 8 (Full day) - 4 DAY	10AM-5:00PM	8/21-8/24	10+	Trail Week: Novice +			\$675
	Session 9 (Full day) - 2 Day	10AM-5PM	9/3 - 9/4	18+	Adult Camp: Beginner+			\$300
	NEW! Full Day Beginner package: Session 2, and session 3 - save \$75!						\$900	
	NEW! Half Day Beginner package: session 3 and session 5- save \$100 - Save \$50						\$700	
	NEW! FULL Day 2-week full day package: pick 2! Session 3, 4, 5, 7, or 8 (circle selection) – save \$150					\$1200		
REE: early	y drop off or later pick up, Please 1	vote any special Re	equest:					
ub Total						\$		
issoupt(s)		30 off subtotal \$10 off subtotal				-\$		
Discount(s)								
rand Total	Availability is on a first come first serve ba for the full amount. All Ch	nsis. To guarantee discount necks should be made pa			enclose a check	\$		

When Registering, Please Include: 1. General Release and Hold Harmless Indemnity Agreement, 2. Summer Camp Medical and Photo Release Forms, 3. Registration Form (3 pages), 4. Payment5. Current negative coggins for all horses attending camp

2023 Release Form for Photographs

I do hereby consent and agree that Contry Hill Farm, its employees, or agents have the right to take photographs of me for the year of 2023.

I do hereby release to Contry Hill Farm, its agents, and employees all rights to exhibit this work in print and electronic form for promotional purposes only. Photographs may appear in the farm's posters, brochures, or on the farm's website. **Contry Hill Farm will not release the identities of those photographed unless requested otherwise.**

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Camper's Name:	_ Date:
Address:	
Phone:	
Camper's signature:	
Parent or Guardian's Signature:	

2023 Emergency Medical Information

Camper's Name:	Parent's l	Parent's Names:				
Emergency Contact Information: In case	e of an, Emergency Please Contact a	nd Notify:				
1				_		
Name	Phone (H)	Phone (W)	Phone (C)			
2				_		
Name	Phone (H)	Phone (W)	Phone (C)			
3				_		
Name	Phone (H)	Phone (W)	Phone (C)			
Does your child have health care insurance?	? (Circle one) Yes / No					
Local Physician's Name:	Phone#:					
Local Dentist's Name:	Phone#:					
Health Plan Name:	Policy Number:					
Health Concerns (Allergies, medical condit	ions, etc.):					
Emergency Power of Attorney						
In the event of an accident or sudden or une and follow their instructions. Should the nat	1	· ·	1 4			

any qualified physician and to transport my child to the physician's office of hospital for treatment including x-rays, laboratory tests, or whatever medical or surgical treatment and agree to pay the customary fees or charges for such treatment. I also give permission to release medical information to staff as necessary.

Mother's Signature Date Father's Signature Date

(All medical information is considered confidential).