

Cooperstown Equestrian Park Ltd



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E-Mail: zemifarm@gmail.com www. Coopequinepark.com

2021 Cooperstown Equestrian Park Horse Camp Registration

(Please Print)

Name _____ Age _____ Grade _____

Gender (Circle One) Male Female

Height _____ Weight _____ T-shirt size (circle one) Child S M L XL or Adult S M L XL

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____ Email _____

Riding experience: (none necessary)

Any medical conditions or physical limitations? If so, please explain (allergies, chronic illness, recent surgery, etc.)

In case of emergency contact:

Name _____ Phone _____ Relationship _____

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<u>Camp(s) Requested:</u>	<u>Date</u>	<u>Time</u>	<u>Cost*</u>	<u>Deposit</u>
____ Session I	June 28 thru July 1	9 a.m.- 2 p.m.	Cost \$400	\$200
____ Session II	July 5 thru July 8	9a.m.- 2 p.m.	Cost: \$400	\$200
____ Session III	July 12 thru July 15	9a.m.- 2 p.m	Cost: \$400	\$200
____ Session IV	July 19 thru July 22	9a.m.- 2 p.m	Cost: \$400	\$200
____ Session V	July 26 thru July 31	9a.m.- 2 p.m	Cost: \$400	\$200
____ Session VI	August 2- August 5	9a.m.- 2 p.m	Cost: \$400	\$200
____ Session VII	August 9- August 12	9a.m.- 2 p.m	Cost: \$400	\$200
____ Session VIII	August 16-August 19	9a.m.- 2 p.m	Cost: \$400	\$200
____ Session IX	August 23- August 26	9a.m.- 2 p.m	Cost: \$400	\$200
____ Session X	August 30- September 2	9a.m.- 2 p.m	Cost: \$400	\$200

Alternate choice if first choice is not available _____

If camp session registration minimums are not met, sessions may be cancelled or combined at the discretion of camp director. You will receive notice of any changes a minimum of thirty days prior to session. If session is cancelled or combined and you are unable to attend because of changes, a full refund will be given.

The deposit, as noted above, for each session must accompany registration. The balance is due thirty days prior to the first day of the camp session. Upon receipt of registration form and deposit, a confirmation email will be sent. This email will contain the Liability Waiver and Release form that must be on file in order to participate in camp as well as any additional information you will need.

NUMBER OF SESSIONS _____ DEPOSIT ENCLOSED _____

DISCOUNT, IF APPLICABLE _____ BALANCE DUE _____

Cancellations/Refunds: A full refund, minus a \$25 administration fee, will be given up to thirty days prior to the first day of the camp session. If full payment or cancellation notice is not received thirty days prior to the first day of the camp session, the deposit will be forfeited.

*****Any cancellation made less than thirty days prior to the first day of camp forfeits all payments.*****

Requirements:

- Each camper must wear long pants and boots or shoes with a low heel. No sneakers!
- Helmets must be worn when mounted. Certified riding helmets will be provided.
- Campers should bring a sack lunch and drink each day except Thursday.
- **A SIGNED RELEASE MUST BE ON FILE TO PARTICIPATE**

In signing this application, I certify that my son/ daughter is amendable to discipline and is free from habits that would make him/ her and undesirable at Cooperstown Equestrian Park Inc. I agree to abide by the terms of payment outlined in this application. I agree in the event of dismissal or withdrawal because of homesickness, misconduct, or any other cause that I will pay the fee in full.

I hereby give permission for my son/ daughter to participate in the entire program, and permission for Cooperstown Equestrian Park Inc. to act in my behalf in case of sickness or emergency. I understand that photographs of my child from the camp season are available for publication and that my positive statements about Cooperstown Equestrian Park may be used as testimonials in materials publicizing the camp program.

This application has my approval and consent:

Parent or guardian

(Please sign here)

Son or daughter

(Please sign here)

**Please have bank check made payable to: Cooperstown Equestrian Park.
Mail to: 3444 Co. Hwy 11 Hartwick NY 13348**

Cooperstown Equestrian Park Inc

Office use only:

Reg. rec'd _____ Deposit pd _____ Ck# _____ Conf. sent _____ Balance pd _____ Ch# _____