

# Cooperstown Equestrian Park Ltd



3444 County Highway 11 • Hartwick, New York • 13348 Phone: 585-797-7256  
E-Mail: zemifarm@gmail.com www.Coopequinepark.com

## 2020 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)

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

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In case of emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

<u>Camp(s) Requested:</u>	<u>Date</u>	<u>Time</u>	<u>Cost*</u>	<u>Deposit</u>
_____ Session I	June 29 thru July 2	9 a.m.- 2 p.m.	Cost \$400	\$200
_____ Session II	July 6 thru July 9	9a.m.- 2 p.m.	Cost: \$400	\$200
_____ Session III	July 13 thru July 16	9a.m.- 2 p.m.	Cost: \$400	\$200
_____ Session IV	July 20 thru July 23	9a.m.- 2 p.m.	Cost: \$400	\$200
_____ Session V	July 27 thru July 30	9a.m.- 2 p.m.	Cost: \$400	\$200
_____ Session VI	August 3- August 6	9a.m.- 2 p.m.	Cost: \$400	\$200
_____ Session VII	August 10- August 13	9a.m.- 2 p.m.	Cost: \$400	\$200
_____ Session VIII	August 17-August 20	9a.m.- 2 p.m.	Cost: \$400	\$200
_____ Session IX	August 24- August 27	9a.m.- 2 p.m.	Cost: \$400	\$200
_____ Session X	August 31- September 3	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

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(Please sign here)

Son or daughter

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(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# \_\_\_\_\_