



271 Reed Road, Mason, NH 03048 (978) 855-2693

2021 Camp Registration Form

Camper Information

Camper's Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sex:  Male  Female

Age as of (7/5/2021) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_ Email: \_\_\_\_\_

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 only to contact parents and to inform them of summer camp programs)

How did you select this camp?  Website  Word of mouth  Flyer  Brochure  Ad  Other \_\_\_\_\_

I'll be bringing my own Horse/Pony (vaccines should be up to date with current negative coggins)

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Height: \_\_\_\_\_ Special Requests: \_\_\_\_\_

I'd like to request the use of a farm horse

\*Optional: Farm Horse Request (Not guaranteed) (1) \_\_\_\_\_ (2) \_\_\_\_\_

## 2021 Camp Rider Evaluation Form

**New students and campers, please read carefully and check all that apply to you:**

- |   |  |
|---|--|
| <input type="checkbox"/> Never ridden before  | <input type="checkbox"/> Knows simple lead changes at the canter                                   |
| <input type="checkbox"/> Never ridden on a trail or outside of the ring                 | <input type="checkbox"/> Able to maintain a jumping position at a trot and canter                  |
| <input type="checkbox"/> Never tacked-up or groomed a horse                             | <input type="checkbox"/> Able to trot over cross-rails in a jumping position                       |
| <input type="checkbox"/> Can tack-up and groom, but may need assistance or help         | <input type="checkbox"/> Able to trot over a small course of 3-4 cross rails                       |
| <input type="checkbox"/> Can trot off the lead line with little or no assistance        | <input type="checkbox"/> Able to canter a small course of 3-4 cross rails with simple lead changes |
| <input type="checkbox"/> Comfortable at the posting trot but has trouble with diagonals | <input type="checkbox"/> Able to canter a full course (6-8 jumps) of small fences.                 |
| <input type="checkbox"/> Able to sit trot and post trot without stirrups comfortably    | <input type="checkbox"/> Has competed over a full course of 2'6" fences or higher                  |
| <input type="checkbox"/> Has cantered   |  |
| <input type="checkbox"/> Can canter in a group  |  |

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 what you do in a typical lesson. If you are not riding with an instructor please describe what type of riding you are doing.

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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 riding, show jumping or cross country, or some of each?

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In general please rate how comfortable you are around horses:

- Timid but willing to try    Mostly confident  
 Ok, but not confident    Very confident & comfortable

Please describe the temperament of horse that you most enjoy: (i.e. very lazy, lots 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. **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

Selection	Time	Dates	Age	Specialty Weeks & Riding Level	Price	
<input type="checkbox"/>	<b>Session 1 - 2 FULL DAY</b>	10AM-5PM	7/5-7/6	5+	<b>Beginner 2 DAY Camp:</b> Beginner – Beginner Novice	\$225
<input type="checkbox"/>	<b>Session 2 – 3 FULL DAY</b>	10AM-5PM	7/7 – 7/9	7+	<b>Jump Camp Stadium- Hunter Jumper</b> Novice+	\$300
<input type="checkbox"/>	<b>Session 3 - FULL DAY</b>	10AM-5PM	7/12-7/16	7+	<b>Beginner GAMES/GYMKHANA</b> Beginner -Beginner Novice	\$525
<input type="checkbox"/>	<b>Session 3 - 1/2 DAY</b>	10AM-2PM	7/12-7/16	7+	<b>Beginner GAMES/GYMKHANA</b> Beginner -Beginner Novice	\$300
<input type="checkbox"/>	<b>Session 4 - Full day</b>	10AM-5PM	7/26 – 7/30	10+	<b>Jump/Eventing:</b> Novice +	\$525
<input type="checkbox"/>	<b>Session 5 - 3 FULL DAY</b>	10AM-5PM	8/9-8/11	10+	<b>Dressage Camp</b> Novice+	\$300
<input type="checkbox"/>	<b>Session 6 - Full day</b>	10AM-5PM	8/16-8/20	7+	<b>Advanced GAMES/GYMKHANA</b> Novice+	\$525
<input type="checkbox"/>	<b>Session 6 - 1/2 day</b>	10AM-2:00PM	8/16-8/20	7+	<b>Advanced GAMES/GYMKHANA</b> Novice+	\$300
<input type="checkbox"/>	<b>Session 7 – Full day</b>	10AM-5PM	8/23-8/27	7+	<b>Trail Week:</b> Beginner Novice +	\$525
<input type="checkbox"/>	<b>Session 7 - 1/2 day</b>	10AM-2:00PM	8/23-8/27	7+	<b>Trail Week:</b> Beginner Novice +	\$300
<input type="checkbox"/>	<b>Session 8 - Full day</b>	10AM-5PM	9/5 - 9/6	18+	<b>Adult Camp:</b> Beginner+	\$225
<input type="checkbox"/>	<b>FULL DAY Beginner package: Session 1, session 3, session 7 – save \$200!</b>				<b>\$1,075</b>	
<input type="checkbox"/>	<b>1/2 DAY Beginner package: Session 1 FULL day, session half day, session 7 half day – save \$100!</b>				<b>\$725</b>	
<input type="checkbox"/>	<b>Mix and match 3 FULL day weeks of your choice – 3, 4, 6, or 7 – save \$375!</b>				<b>\$1,200</b>	
<input type="checkbox"/>	<b>Intermediate Eventer: 3 weeks: session 2,4,5– save \$125</b>				<b>\$1,000</b>	
<i>FREE: early drop off or later pick up, Please Note any special Request:</i>						
<b>Sub Total</b>					<b>\$</b>	
<b>Discount(s)</b>	<b>Early Bird: Paid in full by March 31<sup>st</sup></b> \$30 off subtotal				<b>-\$</b>	
	<b>Returning Camper</b> \$10 off subtotal					
<b>Discount(s)</b>	<b>Bring a NEW friend or NEW sibling – you and your friend take \$50 off registrations!! (May ride in different weeks). Must not have attended a summer camp at Contry Hill in the past.</b>				<b>-\$</b>	
	<i>Name of camper _____</i>					
<b>Grand Total</b>	<b>Availability is on a first come first serve basis.</b> To guarantee discounts or a camper's spot in a session, enclose a check for the full amount. <b>All Checks should be made payable to Contry Hill Farm.</b>				<b>\$</b>	

## 2021 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 2021.

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: \_\_\_\_\_

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2021 Emergency Medical Information

Camper's Name: \_\_\_\_\_ Parent's Names: \_\_\_\_\_

Emergency Contact Information: In case of an, Emergency Please Contact and 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 conditions, etc.): \_\_\_\_\_

Emergency Power of Attorney

In the event of an accident or sudden or unexpected illness of my child, if I cannot be contacted, I authorize the school staff to call the physician named above and follow their instructions. Should the named physician not be available, I further authorize, in my place and in my stead, the school to seek the services of any qualified physician and to transport my child to the physician's office or 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. (All medical information is considered confidential).

\_\_\_\_\_  
Mother's Signature Date

\_\_\_\_\_  
Father's Signature Date