A silhouette of a person riding a horse

Description automatically generated

Brittany Cooper 324 Toad Pasture Road

845-741-3248 Middletown, NY 10940

2025 Horsemanship Day Camp Application

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDATE \_\_\_\_\_\_\_\_\_\_\_ BOY/GIRL (Circle)

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS’ NAMES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS’ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCTOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES OR MEDICAL CONDITIONS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOSPITAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RETURNING CAMPER \_\_\_\_\_ NEW CAMPER \_\_\_\_\_ NAME OF SIBLING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RIDING EXPERIENCE Number of Years Riding \_\_\_\_\_\_\_\_\_\_\_ Name of previous trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEVEL OF RIDING EXPERIENCE (Please check at least one) Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_ Showing \_\_\_\_\_

# CAMP DATES AND PRICES

Camp is from 9:00 am – 3:00 pm daily for the listed weeks below. Please choose the week(s) you would like to attend below. Camp is $450 per week. Register and pay in full before May 1st and pay only $425 per week. Families registering more than one child will receive 10% off the second camper. There is a $75/week non-refundable deposit to hold your spot at the time of sign up!

\_\_ Spring Break Camp April 15, 16, 17 ($275- special rate for all 3 days)

\_\_ July 7 -11

\_\_ July 14-18

\_\_ Aug 4-8

\_\_ Aug 11-15

Total number of weeks \_\_\_\_\_\_\_\_\_\_\_\_\_ Price \_\_\_\_\_\_\_\_\_\_ Amount Enclosed \_\_\_\_\_\_\_\_\_

Early drop off is available starting at 7:30 am and Late Pick Up is available up to 5:30 pm. Please check below if you would like me to contact you in regard to different drop off and pick up times and prices. \_\_\_ I would like to set up early drop off \_\_\_ I would like to set up late pick up

# SAFETY EQUIPMENT & BARN RULES

Our strong emphasis on safety requires all riders to wear boots and an ASTM-approved riding helmet. (A copy of New York State Equestrian Helmet Law is available upon request as well as posted in this facility.) You are welcome to bring your own helmet.

All clients are to abide by the rules set by Black Ridge Farm. The rules are posted around the barn and can be given out in copies as per request.

# RELEASE & HOLD HARMLESS

I (We) acknowledge the risks involved in riding and working around horses, which include bodily injury from using, riding, training, or being in close proximity to horses. In addition, it is my clear understanding that both horse and rider can be injured in normal daily activities as well as during showing and competition.

I (We), do hereby agree to hold harmless and indemnify BLACK RIDGE FARM Inc., Owner Brittany Cooper and any subcontractors, trainers, or employees working for Black Ridge Farm Inc. and further release them from any liability or responsibility for accident, damage, injury, death or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of Black Ridge Farm.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_