



Paradox Country Farm LLC

2022 Summer Camp Application

RIDER'S NAME _____ DOB _____ AGE _____

ADDRESS _____

PHONE NO. _____ HEIGHT _____ WEIGHT _____

PREVIOUS RIDING EXPERIENCE _____

ALLERGIES OR MEDICAL ISSUES _____

PROOF OF MEDICAL INSURANCE: (new this year)

Insurance Company _____ ID # _____

Please also provide a copy of medical card, must be presented to our Farm Insurance Company before camp starts

MOTHER'S NAME _____

FATHER'S NAME _____

CONTACT NUMBER FOR THE WEEK OF CAMP _____

CONTACT EMAIL _____

EMERGENCY CONTACT _____

HOME PHONE _____ BUSINESS PHONE _____

T-Shirt Size (only applicable if deposit turned in by April 1st): **XS S M L XL**

CAMP DATES _____

TUITION SCHEDULE

Camp tuition must be paid in full by the first day of each session. Deposits (\$50) are non-refundable unless camp was canceled by Paradox Country Farm. The remaining can be paid ahead or at the time of camp.

Check must be made out to KIM RIALE.

RIDING ATTIRE

Campers are required to have appropriate riding shoes (boots with ¼ - ½ inch heel and hard soles) and long pants. Providing your own riding helmet is requested, although we do have some helmets to use but may not fit properly and are shared among other riders. Bike helmets are not allowed.

RELEASE

The undersigned acknowledges that they are the parents or legal guardians of the applicant and that in consideration of their child being permitted to participate in Paradox Country Farm Day Camp and other riding activities, being aware of the risk of injury to the child and agree they will be responsible for and hereby release Paradox Country Farm from any and all liability, including negligence, by reason of injury to their child, themselves, or their property during the day camp and riding activities, including, but not limited to water activities, riding lessons, trail rides, exercise, jumping, caring for horses before and after riding, showing, etc.

Parents/Guardians must also have signed the full Paradox Country Farm Release/Waiver to participate in camp activities.

SIGNATURE _____ **Date** _____

Email _____

Please see Paradox Country Farm's website (www.pcfpa.com) for camp details and rates as well as any additional information you may need for camp. Thank you!

Check must be made out to KIM RIALE.

**Please send all paperwork and deposit to:
Paradox Country Farm
1275 State Road, Lincoln University, PA 19352**