



Willow Hill Farm Camp

75 Cassidy Road
Keeseville, NY 12944

Julie and Tara Edwards
518-834-9746

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APPLICATION FOR DAY CAMP 2020

NAME _____ BIRTHDATE _____ BOY / GIRL (Circle)

ADDRESS _____ ZIP _____

PARENTS' NAME _____ E-MAIL _____

PARENTS' ADDRESS _____ PHONE _____

PARENTS' OCCUPATION(S) _____

CHILD'S GRADE IN SCHOOL _____ HEIGHT _____ WEIGHT _____

HEALTH PROBLEMS? _____ Camper e-mail _____

DESIRED CAMP DATES *(Please check the appropriate boxes)*

Camp runs for a 6-week period starting Monday, June 28 and ending Friday, August 8. You may choose any two week period. There are two options, a full day or a half day program. Please check the session you plan to participate in:

HALF-DAY CAMP, 2-week sessions, Monday–Friday, 9–12, \$400 each session:

June 29–July 10 July 13–July 24 July 27–August 7

FULL-DAY CAMP, 2-week sessions, must be 8 years and older, Mon.–Fri. 9–4, \$850. Full-day camp includes lunch.

June 29–July 10 July 13–July 24 July 27–August 7

(For additional weeks, \$400 per week, including lunch)

Total number of weeks _____ Price _____ Amount Enclosed _____

RELEASE STATEMENT

I understand that horseback riding is a high-risk sport and am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the Owners and Directors of Willow Hill Farm Camp, their officers, agents, employees and volunteers, judges and officials from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including my horse. Further, I agree, in the event of home-sickness, misconduct, or any other cause, my child is dismissed or withdrawn from camp, that the camp fee is nonrefundable. (Note: Parent or Guardian must sign this release)

Signature: _____ Date: _____

Please make checks payable to **Willow Hill Farm Camp**.

Mailing address: Willow Hill Farm Camp, 75 Cassidy Road, Keeseville, NY 12944.