



Paid _____

Summer Camp Half Day

Registration and Payment reserves your spot.
Mail to: SNF, 420 Catamount Road, Oxford PA, 19363

Participant Name : _____

Gender : _____ Age: _____ Weight: _____

Address: _____

Emergency Contact/Guardian Name: _____

Phone: _____ E-Mail: _____

Medical Information:

Any Allergies: _____

Insurance Company: _____ Policy Number: _____

Medications: _____ Dosage: _____

Additional information you would like us to know about your child:

Date of Camp you wish to attend: _____

Required Signature Release;

The undersigned acknowledges that they are the parents of legal guardians of the applicant and that in consideration of their child being permitted to participate in SECOND NATURE FARM Day Camp, and other riding activities, being aware of the risk of injury to the child and agree they will be responsible for the hereby release of SECOND NATURE FARM and their employees 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 riding lessons, trail rides, exercise, jumping, caring for the horse before and after riding, showing etc.

Signature of Participant: _____

Signature of Parent or Guardian (1): _____

Signature of Parent or Guardian (2): _____

Anecia Delduco
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venmo