



Hunter Farms

1315 The Great Road, Princeton NJ 08540 (609) 924-2932

Camp Registration 2025

Camper first name: _____ Last Name: _____ Birthdate: ___/___/___

Parent or Guardian full name(s): _____

Primary Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell phone: _____

E-Mail Address: _____

Week(s) of Attendance: _____

Riding Level (check one): ___ Beginner (has never ridden) ___ Advanced Beginner (walk/trot)

 ___ Intermediate (walk/trot/canter) ___ Advanced (w/t/c/small jumps)

\$250 deposit per week is due at the time of registration in order to hold your spot

Balance of \$700 is due the first day of camp

3.5% convenience fee for all credit card transactions

Payment Method: ___ Check ___ Credit Card (Visa or MC) ___ Cash

Check Number: _____ Amount: _____

Card Number: _____ Expiration: ___/___ Billing Zip Code: _____

Cardholder Name: _____ Address: _____

City: _____ State: _____ Telephone Number: _____

Summer Riding Camp T-Shirt size: ___XS ___S ___M ___L ___XL

Transportation: I would like my child to return home from camp with the following people (name of person(s)): _____

Parents must give written permission to Hunter Farms if they desire anyone other than themselves to transport campers home from camp.

You must have picture ID available at time of check out.

Emergency Contact Information

In case the parent(s)/guardian(s) cannot be reached in an emergency, please notify the following individual:

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Health History

Camper health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If insufficient space is provided, please attach additional paperwork if needed.

Please indicate if your child has any of the following:

	Yes	No
Recent Injury, illness or infectious disease	_____	_____
ADHD / ADD	_____	_____
Chronic or recurring illness	_____	_____
Heart disease	_____	_____
Ever been hospitalized	_____	_____
If female, abnormal menstrual history	_____	_____
Ever had surgery	_____	_____
Eating disorder	_____	_____
Frequent headaches	_____	_____
Depression	_____	_____
Head injury	_____	_____
Frequent ear infections	_____	_____
Psychiatric treatment	_____	_____
Ever passed out during or after exercise	_____	_____
Had seizures	_____	_____
Respiratory problems including asthma	_____	_____
Diabetes	_____	_____
Food allergies or special dietary needs	_____	_____
Environmental allergies (i.e. hay fever, pet dander, insects)	_____	_____
Allergies to medicine	_____	_____
Other	_____	_____

Please explain any "yes" answers. For allergies, indicate best management to any reaction:

Are there any other medical conditions or restrictions we should be aware of?

Medications: List ALL medications, including over-the-counter or non-prescription drugs taken routinely. Bring enough to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Please do not take your child off regular medicines while at camp. Attach additional paperwork if needed for more medications. Identify any medications taken during the school year that participant does/may not take during the summer.

Medication #1: _____ Dosage: _____

Specific times to be taken each day: _____

Reason for taking: _____

Medication #2: _____

Dosage: _____

Specific times to be taken each day: _____

Reason for taking: _____

Asthmatics: (please initial one if applicable)

I give my child permission to carry an inhaler to self administer for asthma related incidents. ____ (parent initial)

I prefer the camp health care personnel to keep my camper's inhaler and to help my camper determine when it is needed (recommended for day camp). _____ (parent initial)

EMERGENCY AUTHORIZATION RELEASE

This health history is correct so far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities and particularly, but not limited to: riding, and arts and crafts. I understand that Hunter Farms has taken extensive safety measures, including the certification of select staff in First Aid, CPR and Water Safety as well as making every effort to aid the safety of all camp participants. I also recognize that Hunter Farms cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I give permission to the camp staff to (1) administer the camper's routine medications, as needed medications, and over-the-counter medications for minor illnesses or discomfort; (2) provide appropriate first aid for minor injuries; and (3) seek further treatment from local physician or hospital if condition warrants. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied by the camp to have a second set available for transportation records and for Hunter Farms office.

Signature of Parent/Guardian: _____ Date: _____

LIABILITY RELEASE

In return for the use, today and on all future dates, of the property, facilities and services of Hunter Farms, regardless of where they are rendered, the minor child/rider, his heirs, assigns, and legal representatives hereby expressly agree to the following:

RIDER agrees to assume ANY AND ALL RISKS INVOLVED IN OR ARISING FROM RIDER’S USE OF OR PRESENCE UPON HUNTER FARMS’ PROPERTY AND FACILITIES including, but not limited to, the risk of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosion, the unavailability of emergency medical care, or the negligence or deliberate act of another person. RIDER agrees to hold Hunter Farms and all of its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, employees and agents completely harmless and not liable and releases them from all liability whatsoever and AGREES NOT TO SUE them on account of or in connection with any claims, causes of action, injuries, or damages, including consequential damages. RIDER agrees to waive the protection afforded by any statute of law in any jurisdiction whose purpose, assistance, and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release. RIDER agrees to abide by all of Hunter Farms’ rules and regulations. RIDER agrees to wear an approved hard hat whenever mounted.

I am aware of and have instructed my child in the importance of knowing and abiding by the camp’s rules and regulations and do release from all liability for any injury to the camper. I understand that transportation to and from camp (and any liability thereof) is the responsibility of the camper, and not that of Hunter Farms.

This RELEASE OF LIABILITY is made and entered into on this day, _____, by and between Hunter Farms and _____, designated as “RIDER” and if rider is a minor, rider’s parents or guardian.

Signature of Rider or Parent/Guardian: _____

****Note: Hours of camp are from 9am-2:30 pm. Please send your child with a packed lunch and water bottle to refill****