



## 2024 Pony Camp Registration

Please fill out a form for EACH child (age 7-12) attending The Southlands Foundation 2024 Pony Summer Camp

Spaces fill are limited and fill quickly

Please note that registration is not complete until a \$300 deposit is required for each session. ALL sessions reserved must be paid in full by June 15, 2024

If you would like to pay online, please follow this link:

<https://quickclick.com/r/670kh>

Other payment options available:

Cash payments will be received in the office Monday, Wednesday, Thursday & Friday 10:30 AM – 4 PM; if paying by check please mail check to:

The Southlands Foundation

5771 Rt. 9

Rhinebeck NY 12572

Full refund (less \$150 administrative fee) if cancellation is received at least 3 weeks prior to the start of your registered session; the refund will be issued by check for cash and check payments & electronically for all online payments. **If cancellation is received after this time, no refund will be granted.**

**The Southlands Foundation Pony Camp 2024 Rates**

**\$750 per session**

**\$700 per session for multi session/sibling & Red Ribbon Southland Members**

Sessions for Pony Camp are Monday – Friday 9am – 2 pm; please include lunch and a snack for your camper

**Camper information PLEASE PRINT ALL INFORMATION**

**Name of Camper:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Please indicate Session/Session you child will be attending

- Session 1: July 1-5 (there will be camp Thursday, July 4)
- Session 2: July 8-12
- Session 3: July 15-19
- Session 4: July 22-26
- Session 5: July 29-August 2
- Session 6: August 5-10

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**OFFICE USE:**

**Number of Session Requested:** \_\_\_\_\_ **Available Sessions:** \_\_\_\_\_

**Camp Packet:** \_\_\_\_\_ **Medical:** \_\_\_\_\_ **Release:** \_\_\_\_\_

**DEPOSIT AMOUNT: \$** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Check:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**FINAL AMOUNT: \$** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Check:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**DATE DEPOSIT RECEIVED:** \_\_\_\_\_ **OFFICE STAFF** \_\_\_\_\_

**FINAL PAYMENT RECEIVED:** \_\_\_\_\_ **OFFICE STAFF** \_\_\_\_\_

**CAMPER INFORMATION SHEET:**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**AGE AT START OF SESSION:** \_\_\_\_\_ **MUST be 7 for Pony Camp**

**Parent Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Emergency Contact:**

**Name** \_\_\_\_\_ **relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**A current medical release form from your pediatrician including recent record of immunizations is REQUIRED for each camper and must be included within this packet; along with any medical conditions we may need to know.** \_\_\_\_\_

**Does your child have any physical, developmental, or learning challenges that might make some activities difficult? Yes/no. explain** \_\_\_\_\_

**Does your child need to have medication administered or available while at camp. If so please explain:** \_\_\_\_\_

**We love to take pictures at Southlands! Throughout the summer we will take photos and share them on our website and Facebook page to promote our programs. Please circle YES NO if this is OK**

# The Southlands Foundation Release and Waiver of Liability 2024

I, \_\_\_\_\_ guardian of rider(s) \_\_\_\_\_ (Please print names) DOB for rider(s): \_\_\_\_\_

do hereby request that I be allowed to ride horses and ponies on or about the property owned by The Southlands Foundation and on lands adjacent thereto, and to do each and everything necessary pertaining to such riding, including the care of stock, grooming, handling, tacking, etc.

I understand that horseback riding involves risk of injury from falling, the behavior of the animals, ground hazards (natural and otherwise) and other risks. I accept those risks.

I agree to indemnify and hold harmless The Southlands Foundation, its agents and employees, for any claims for damages to my person or property resulting from or arising out of negligence on the part of The Southlands Foundation, its agents or employees. I understand that this means I will not seek to hold The Southlands Foundation responsible for any injuries, sickness and disease (including communicable diseases), I sustain as a result of these activities. I further agree to indemnify and hold harmless the above named, their agents and employees from any and all claims from injuries and/or damage to the person or property of any third party or parties resulting from my participation in the above activities.

I also agree that The Southlands Foundation, its agents and employees, are not to be responsible for any or all losses due to fire or theft, and I agree to indemnify and hold harmless The Southlands Foundation, their agents and employees for any claims arising there from.

In the event I ride on property adjacent to The Southlands Foundation, including property owned by Dove's Nest LLC and its members, I agree to indemnify and hold harmless the owners of such adjacent property from any and all claims for injury or damage to my person or property or the person and property of any third party resulting from my participation in the activities described above.

I acknowledge that I have carefully read the rules of riding safety which are posted at The Southlands Foundation and agree to abide by those rules.

I acknowledge that I have carefully read this Release and Waiver of Liability, understand its contents and sign it as my own free act.

**PLEASE SIGN AND PRINT ALL REQUESTED INFORMATION BELOW**

**SIGNED:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**WHERE DID YOU HEAR ABOUT US?** \_\_\_\_\_

The Southlands Foundation 5771 Route 9 Rhinebeck, NY 12572 (845) 876-4862