SADDLE RIDGE RIDING CENTER



To register, fill out this form, waiver form and provide immunization records...send to:

SADDLE RIDGE RIDING CENTER

900 SHADOW RIDGE RD.

FRANKLIN LAKES NJ 07417

(201) 847-9999

SADDLERIDGE900@GMAIL.COM

2025 SUMMER CAMP ENROLLMENT

2025 CAMP	PLEASE SELECT WEEK(S) CAMPER WILL BE ATTENDING: WEEK 1 - JUNE 23 - JUNE 27 WEEK 6 - JULY 28 - AUG 1			
DATES	WEEK 2 - JUNE 30 WEEK 3 - JULY 7 - WEEK 4 - JULY 14 WEEK 5 - JULY 21	- JULY 11 W	EEK 8 - AUG 1 EEK 9 - AUG 18	1 - AUG 15 3 - AUG 22
CAMPER NAM	E:	AGE:	HT:	WT:
ADDRESS:		TOWN:	STATE:	ZIP:
PHONE #:		E-MAIL:		
EMERGENCY C	CONTACT NAME & PHONE:	RE	LATIONSHIP:	
	I CANNOT BE REACHED, I GIVE			INITIAL:
PLEASE LIST AL	L MEDICATIONS, ALLERGIES, S	PECIAL NEEDS ETC:		
-	RRC STAFF MAY ONLY ADMINI	STER AN EPI-PEN, ALL C	OTHER MEDS MU	ST BE GIVEN E

CAMPER NAME:					
BREIFLY DESCRIBE CAMPER'S EXPERIENCE LEVEL WITH HORSES:					
	O FOR ALL CAMPERS, THEY VIDE ONE FOR YOUR CAMP	ARE AVAILABLE ONLINE OR WE CAN PER FOR \$30			
	ENT \$625.00 = x \$30.00 = TOTAL: \$	ABSOLUTELY NO REFUNDS FOR ANY REASON. X			
CARD HOLDERS NAME	ASTERCARD DISCOVER (4	1% CONVENIENCE FEE ON CC PAYMENTS)			
CC#	EXP DATE	CVV CODE			
	DISCLOSURE				
I UNDERSTAND IT IS THE PARENT/GUARDIANS - BOOTS WITH ½" HEEL & LONG PANTS/BREE					
- ASTM/SEI CERTIFIED HELMET TO BE WORN WHILE RIDING (WE HAVE A LIMITED SUPPLY OF LOANER HELMETS, IT IS					
SUGGESTED THAT YOU PURCHASE YOUR OV	NN FOR YOUR CHILD				
- DAILY LUNCH, WATER, SNACKS MUST BE PR	OVIDED BY YOU UNLESS NOTIFIED (OTHERWISE (We provide Pizza on Friday)			
PERMISSION FROM PARENT. PLEASE INF	FORM SRRC OF ANY AND ALL M NTS, AFFILIATES AND ASSOCIAT	TO NON FAMILY MEMBER WITHOUT WRITTEN EDS, SPECIAL NEEDS, ALLERGIES ETC. SADDLE ES FOR HIRE ASSUME NO RESPONSIBILITY FOR RESULT OF NON-DISCLOSURE OF THESE			
SIGNATURE (PARENT/GUARDIAN) DATE					

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