

Saddle Ridge Riding Center



To register your child, please print and fill out this registration form and mail with your payment to:

Saddle Ridge Riding Center
900 Shadow Ridge Road
Franklin Lakes, NJ 07417

Feel free to contact us with any questions:
201-847-9999
Saddleridge900@gmail.com

2020 Riding Program

| | | | | | | | | | | | | | |
|--|--|--|--------------|---------|----------------------|---------------|--|------|-----------------|--------|------------|------------|--|
| Student Name: | | | | | | | Age: | | HT: | | WT: | | |
| Street Address: | | | Town: | | | State: | | | Zip: | | | | |
| Phone: | | | | | Email: | | | | | | | | |
| Emergency Contact #: | | | | | Relationship: | | | | | | | | |
| <i>In the event that I cannot be reached, I give my full permission for medical procedures that may be deemed necessary by an examining physician.</i> | | | | | | | | | Initial: | | | | |
| <i>PLEASE BE ADVISED THAT SRRC PERSONNEL CAN ONLY ADMINISTER AN EPI PEN; ALL OTHER MEDICINE MUST BE GIVEN BY PARENT PRIOR TO ARRIVAL.</i> | | | | | | | | | | | | | |
| Allergies, Medications, Special needs: | | | | | | | | | | | | | |
| <i>All immunizations must be up to date; please send a copy</i> | | | | | | | | | | | | | |
| Discipline/Level: <i>(Circle all that apply)</i> | | English | | Western | | Walk | | Trot | | Canter | | Crossrails | |
| Permission for my student (ages 8 and up) to participate in trail rides: | | | | | | | | | YES | | NO | | |
| Please include an SRRC string backpack for an additional \$5 | | | | | | | | | YES | | NO | | |
| Please include an SRRC water bottle for an additional \$5 | | | | | | | | | YES | | NO | | |
| Please include a grooming kit for an additional \$25: | | | | | | | | | YES | | NO | | |
| <i>I WOULD LIKE TO INCLUDE AFTER CARE (1PM – 3PM) FOR AN ADDITIONAL \$175 PER WEEK:</i> | | | | | | | | | YES | | NO | | |
| Please select the weeks your student will be attending: | | | | | | | | | | | | | |
| 2020 Riding Program Dates | | Week 1: July 6 - July 10, 2020 | | | | | Week 6: Aug 10 - Aug 14, 2020 | | | | | | |
| | | Week 2: July 13 - July 17, 2020 | | | | | Week 7: Aug 17 - Aug 21, 2020 | | | | | | |
| | | Week 3: July 20 - July 24, 2020 | | | | | Week 8: Aug 24 - Aug 28, 2020 | | | | | | |
| | | Week 4: July 27 - July 31, 2020 | | | | | Week 9: Aug 31 - Sept 4, 2020 | | | | | | |
| | | Week 5: Aug 3 - Aug 7, 2020 | | | | | | | | | | | |

Student Name: _____

Student Health Information

Is the student under the care of a physician?

YES

NO

If Yes, please explain:

Does the student take any prescription medicines?

YES

NO

If yes, please list all medications:

Does the student have any allergies?

YES

NO

If Yes, please explain:

Does the student have any special needs that we should be aware of?

YES

NO

If Yes, please explain:

Forms of Payment

- A non-refundable payment of \$550 (per week/per child) is required at time of registration.
- Please also remember to include any additional money for chosen EXTRAS.

2020 Riding Program
\$550 per child/week

Camp Total:

Please Circle one: **Cash** **Check** (Payable to Saddle Ridge Riding Center; \$40 charge for returned checks)

Credit Card (4% surcharge with CC pmt):

Mastercard

VISA

Discover

CC #

Sec Code:

Exp. Date:

PLEASE BE ADVISED THERE ARE NO REFUNDS ON CAMP FEES; ONLY CREDIT ISSUED TOWARDS LESSONS, CLASSES.

DISCLOSURE

I understand it is the parent/guardians responsibility to provide the following for my student:

- Boots with a 1/2 inch heel
- Helmets must be worn during riding lessons and on the trail, it is suggested that you purchase your own as we have a limited amount of loaner helmets. Helmets must be ASTM/SEI certified for equestrian sports.
- Long pants and/or breeches must be worn while riding.
- Please provide daily lunch, snacks and drinks unless otherwise notified.

The program runs on scheduled days from 9 a.m. – 1 p.m.; you are *required* to notify SRRC if your child will be missing a day or if you will be late picking up your child. After care is weekly and must be signed up for in advance.

No child will be released to a non-family member without written permission from a parent or guardian.

Please inform all staff of any health issues, medications, or special needs. Saddle Ridge Riding Center, our agents, affiliates, and associates for hire assume no responsibility for damages or harm that may result directly or indirectly as a result of non-disclosure.

SIGNATURE (parent/guardian): _____

Date: _____