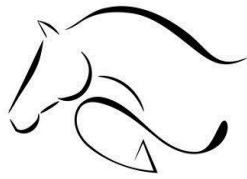


SADDLE RIDGE RIDING CENTER



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

2022 SUMMER CAMP ENROLLMENT

2022 CAMP DATES	PLEASE SELECT WEEK(S) CAMPER WILL BE ATTENDING: <input type="checkbox"/> WEEK 1 - JUNE 27 - JULY 1 <input type="checkbox"/> WEEK 6 - AUG 1 - AUG 5 <input type="checkbox"/> WEEK 2 - JULY 4 - JULY 8 <input type="checkbox"/> WEEK 7 - AUG 8 - AUG 12 <input type="checkbox"/> WEEK 3 - JULY 11 - JULY 15 <input type="checkbox"/> WEEK 8 - AUG 15 - AUG 19 <input type="checkbox"/> WEEK 4 - JULY 18 - JULY 22 <input type="checkbox"/> WEEK 9 - AUG 22 - AUG 26 <input type="checkbox"/> WEEK 5 - JULY 25 - JULY 29 <input type="checkbox"/> WEEK 10 - AUG 29 - SEPT 2
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CAMPER NAME:	AGE:	HT:	WT:
ADDRESS:	TOWN:	STATE:	ZIP:
PHONE #:	E-MAIL:		
EMERGENCY CONTACT NAME & PHONE:	RELATIONSHIP:		

IN THE EVENT I CANNOT BE REACHED, I GIVE FULL PERMISSION FOR MEDICAL PROCEDURES THAT MAY BE DEEMED NECESSARY BY AN EXAMINING PHYSICIAN.	INITIAL:
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PLEASE LIST ALL MEDICATIONS, ALLERGIES, SPECIAL NEEDS ETC: BE ADVISED, SRRC STAFF MAY ONLY ADMINISTER AN EPI-PEN, ALL OTHER MEDS MUST BE GIVEN BY PARENT PRIOR TO ARRIVAL AT CAMP.
--

CAMPER NAME: _____

BRIEFLY DESCRIBE CAMPER'S EXPERIENCE LEVEL WITH HORSES:

A GROOMING KIT IS REQUIRED FOR ALL CAMPERS, THEY ARE AVAILABLE AT ANY LOCAL TACK SHOP
OR WE CAN PROVIDE ONE FOR YOUR CAMPER FOR \$30

WE ALSO HAVE SRRC STRING BACKPACKS AND SRRC REUSEABLE WATER BOTTLES FOR \$5 EACH

PAYMENT

_____ **# OF WEEKS** x \$600.00 = _____

_____ **GROOMING KIT** x \$30.00 = _____

_____ **H2O BOTTLE** x \$5.00 = _____

_____ **BACKPACK** x \$5.00 = _____

FULL PAYMENT REQUIRED

FOR REGISTRATION **TOTAL: \$** _____

**I UNDERSTAND THAT DUE TO
THE LIMITED AVAILABLE SPOTS
PER CAMP WEEK THERE ARE
ABSOLUTELY NO REFUNDS FOR
ANY REASON.**

X _____

SIGNATURE REQUIRED

PLEASE CIRCLE ONE: CASH CHECK (PAYABLE TO SRRC - \$40 RET CHECK FEE)

VISA MASTERCARD DISCOVER (4% CONVENIENCE FEE ON CC PAYMENTS)

CARD HOLDERS NAME _____ BILLING ZIP CODE _____

CC# _____ EXP DATE _____ CVV CODE _____

DISCLOSURE

I UNDERSTAND IT IS THE PARENT/GUARDIANS RESPONSIBILITY TO PROVIDE THE FOLLOWING FOR MY CAMPER:

- BOOTS WITH ½" HEEL & LONG PANTS/BRECHES TO BE WORN AT ALL TIMES WHILE RIDING

- ASTM/SEI CERTIFIED HELMET TO BE WORN WHILE RIDING (WE HAVE A LIMITED SUPPLY OF LOANER HELMETS, IT IS

SUGGESTED THAT YOU PURCHASE YOUR OWN FOR YOUR CHILD

- DAILY LUNCH, WATER, SNACKS MUST BE PROVIDED BY YOU UNLESS NOTIFIED OTHERWISE (We provide Pizza on Friday)

- CAMP HOURS ARE 9 AM – 1 PM DAILY – NO CHILD WILL BE RELEASED TO NON FAMILY MEMBER WITHOUT WRITTEN PERMISSION FROM PARENT. PLEASE INFORM SRRC OF ANY AND ALL MEDS, SPECIAL NEEDS, ALLERGIES ETC. SADDLE RIDGE RIDING CENTER, OUR STAFF, 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 OF THESE CONDITIONS BY YOU.

SIGNATURE (PARENT/GUARDIAN) _____ DATE _____