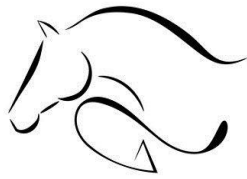


SADDLE RIDGE RIDING CENTER



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

2024 SUMMER CAMP ENROLLMENT

2024

CAMP
DATES

PLEASE SELECT WEEK(S) CAMPER WILL BE ATTENDING:

<input type="checkbox"/> WEEK 1 - JUNE 24 - JUNE 28	<input type="checkbox"/> WEEK 6 - JULY 29 - AUG 2
<input type="checkbox"/> WEEK 2 - JULY 1 - JULY 5	<input type="checkbox"/> WEEK 7 - AUG 5 - AUG 9
<input type="checkbox"/> WEEK 3 - JULY 8 - JULY 12	<input type="checkbox"/> WEEK 8 - AUG 12 - AUG 16
<input type="checkbox"/> WEEK 4 - JULY 15 - JULY 19	<input type="checkbox"/> WEEK 9 - AUG 19 - AUG 23
<input type="checkbox"/> WEEK 5 - JULY 22 - JULY 26	<input type="checkbox"/> WEEK 10 - AUG 26 - AUG 30

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:

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

PAYMENT

_____ # OF WEEKS x \$625.00 = _____

_____ GROOMING KIT x \$30.00 = _____

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 _____