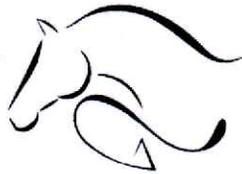


**SADDLE RIDGE RIDING CENTER**



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

**2026 SUMMER CAMP ENROLLMENT**

<b>2026 CAMP DATES</b>	PLEASE SELECT WEEK(S) CAMPER WILL BE ATTENDING:  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">___ WEEK 1 - JUNE 29 - JULY 3</td> <td style="width: 50%; border: none;">___ WEEK 6 - AUG 3 - AUG 7</td> </tr> <tr> <td style="border: none;">___ WEEK 2 - JULY 6 - JULY 10</td> <td style="border: none;">___ WEEK 7 - AUG 10 - AUG 14</td> </tr> <tr> <td style="border: none;">___ WEEK 3 - JULY 13 - JULY 17</td> <td style="border: none;">___ WEEK 8 - AUG 17 - AUG 21</td> </tr> <tr> <td style="border: none;">___ WEEK 4 - JULY 20 - JULY 24</td> <td style="border: none;">___ WEEK 9 - AUG 24 - AUG 28</td> </tr> <tr> <td style="border: none;">___ WEEK 5 - JULY 27 - JULY 31</td> <td style="border: none;">___ WEEK 10 - AUG 31 - SEPT 4</td> </tr> </table>	___ WEEK 1 - JUNE 29 - JULY 3	___ WEEK 6 - AUG 3 - AUG 7	___ WEEK 2 - JULY 6 - JULY 10	___ WEEK 7 - AUG 10 - AUG 14	___ WEEK 3 - JULY 13 - JULY 17	___ WEEK 8 - AUG 17 - AUG 21	___ WEEK 4 - JULY 20 - JULY 24	___ WEEK 9 - AUG 24 - AUG 28	___ WEEK 5 - JULY 27 - JULY 31	___ WEEK 10 - AUG 31 - SEPT 4
___ WEEK 1 - JUNE 29 - JULY 3	___ WEEK 6 - AUG 3 - AUG 7										
___ WEEK 2 - JULY 6 - JULY 10	___ WEEK 7 - AUG 10 - AUG 14										
___ WEEK 3 - JULY 13 - JULY 17	___ WEEK 8 - AUG 17 - AUG 21										
___ WEEK 4 - JULY 20 - JULY 24	___ WEEK 9 - AUG 24 - AUG 28										
___ WEEK 5 - JULY 27 - JULY 31	___ WEEK 10 - AUG 31 - SEPT 4										

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 ONLINE OR WE CAN PROVIDE ONE FOR YOUR CAMPER FOR **\$35**

<b>PAYMENT</b>	<b>I UNDERSTAND THAT DUE TO THE LIMITED AVAILABLE SPOTS PER CAMP WEEK THERE ARE <u>ABSOLUTELY NO REFUNDS</u> FOR ANY REASON.</b>
_____ <b># OF WEEKS</b> x <b>\$650.00</b> = _____	
_____ <b>GROOMING KIT</b> x <b>\$35.00</b> = _____	
<b>TOTAL: \$</b> _____	
<b>FULL PAYMENT REQUIRED FOR REGISTRATION</b>	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 1/2" HEEL & LONG PANTS/BREECHES 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 \_\_\_\_\_