

Saddle Ridge Riding Center



To register your child, please print and fill out this registration form and mail with your deposit 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

SRRC Camper Enrollment Form

Summer Camp 2018

Camper Name:		Age:	HT:	WT:
Street Address:		Town:	State:	Zip:
Phone:		Email:		
Emergency Contact #:		Relationship:		

In the event I cannot be reached, I give my full permission for medical procedures that may be deemed necessary by an examining physician.

Initial:

PLEASE BE ADVISED THAT SRRC PERSONNEL DO NOT ADMINISTER MEDICINE; PLEASE BE SURE TO GIVE ALL MEDICINE TO YOUR CHILD PRIOR TO ATTENDING CAMP FOR THE DAY.

Allergies, Medications, Special needs:

All immunizations must be up to date; please send a copy

Discipline/Level: <i>(Circle all that apply)</i>	English	Western	Walk	Trot	Canter	Crossrails
Permission for my camper (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 WOULD LIKE TO INCLUDE AFTER CARE (1PM - 3PM) FOR AN ADDITIONAL \$175 PER WEEK:	YES	NO				

Please select the weeks your camper will be attending:

2018 Summer Enrollment:	<input type="checkbox"/> Week 1: June 25- June29	<input type="checkbox"/> Week 6: July 30-Aug3
	<input type="checkbox"/> Week 2: July2 - July 6	<input type="checkbox"/> Week 7: Aug 6 - Aug 10
	<input type="checkbox"/> Week 3: July 9 - July 13	<input type="checkbox"/> Week 8: Aug 13 - Aug 17
	<input type="checkbox"/> Week 4: July 16 - July 20	<input type="checkbox"/> Week 9: Aug 20-Aug 24
	<input type="checkbox"/> Week 5: July 23- July 27	<input type="checkbox"/> Week 10: Aug 27-Aug 31

Camper Name: _____

Camper Health Information

Is the camper under the care of a physician?

YES NO

If Yes, please explain:

Does the camper take any prescription medicines?

YES NO

If yes, please list all medications:

Does the camper have any allergies?

YES NO

If Yes, please explain:

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

YES NO

If Yes, please explain:

Forms of Payment

- A non-refundable deposit of \$250 (per camp week/per child) is required at time of registration.
- Balance is due in full two weeks prior to the start of your registered week.
- Please also remember to include any additional money for chosen EXTRAS.

2018 Summer Camp
\$475 per child/week

Camp Total:

Deposit Due with Form:

\$250

Remaining Balance due 2 weeks prior to start date:

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

Credit Card: Mastercard VISA Discover

CC #

Sec Code:

Exp. Date:

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

DISCLOSURE

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

- 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.

Camp runs on scheduled days from 9 a.m. – 1 p.m.; you are *required* to notify SRRC if your child will be missing a camp 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: _____