



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

Summer Camp 2019								
				Age:	HT:	WT:		
Camper Name: Street								
Address:	Tov	vn:	State:	Zip:				
Phone:			Email:					
Emergency			Relationsh	Relationship:				
Contact #:			Kelationsh	Relationship.				
In the event I cannot be reached, I give my full permission for medical Initial:				Initial:				
	procedures that may be deemed necessary by an examining physician.							
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 /Lovel	English	Western	Walk	Trot	Canter	Crossrails		
Discipline/Level: (Circle all that apply)	English	western	vvaik	IIOt	Canter	Ciossialis		
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 N					NO			
Please include an SRRC water bottle for an additional \$5 YES					YES	NO		
Please include a grooming kit for an addit					YES	NO		
I WOULD LIKE TO INCLUDE AFTER CARE (1PM – 3PM) FOR AN ADDITIONA						NO		
Please select the weeks your camper will be attending:								
Week 1: June 24th, 2019 - June 28th 2019 Week 6: July 29th, 2019 - Aug 2nd, 2019								
2019 Summer Camp Dates	Week 1.	Julie 24tii, 2019	- Julie 20th 2015	9 Week 6: J	uly 29(11, 2019 - F	aug 2110, 2019		
	Week 2:	Week 2: July 1st, 2019 - July 5th, 2019			Week 7: Aug 5th, 2019 - Aug 9th, 2019			
	Week 3:	Week 3: July 8th, 2019 - July 12th, 2019			Week 8: Aug 12th, 2019 - Aug 16th, 2019			
	Week 4:	July 15th, 2019	- July 19th, 2019	Week 9: A	9: Aug 19th, 2019 - Aug 23rd, 2019			
	Week 5:	Week 5: July 22nd, 2019 - July 26th, 2019			Week 10: Aug 26th, 2019 - Aug 30th, 2019			

Camper Name:							
Camper Health Information							
Is the camper under the care of a	YES	NO					
If Yes, please explain:							
Does the camper take any prescri	YES	NO					
If yes, please list all medications:							
Does the camper have any allergi	YES	NO					
If Yes, please explain:							
Does the camper have any special of?	YES	NO					
If Yes, please explain:							
	Forms of Payment						
	t of \$550 (per camp week/per chil TRATION PRIOR TO 5/1/19, YOU WIL						
Please also remember to include any additional money for chosen EXTRAS. 2010 Summer Common							
	2019 Summer Camp \$550 per child/week						
		ck (Payable to Saddle Ri ter; \$40 charge for return					
Camp Total:	Credit Card: Mastercard	VISA Discover					
	CC # Sec Code: Exp	o. Date:					
PLEASE BE ADVISED THERE ARE	NO REFUNDS ON CAMP FEES; O TRAILS OR CLASSES.	NLY CREDIT ISSUED TO	wards lessons				
	DISCLOSURE						
I understand it is the parent/guard	ians responsibility to provide the fo	ollowing for my camper:					
as we have a limited amou sports. • Long pants and/or breech	ng riding lessons and on the trail, it unt of loaner helmets. Helmets mus es must be worn while riding. snacks and drinks unless otherwise	st be ASTM/SEI certified fo					
Camp runs on scheduled days fro a camp day or if you will be late p advance.							
No child will be released to a non-	family member without written pe	rmission from a parent or	guardian.				
Please inform all staff of any health agents, affiliates, and associates for or indirectly as a result of non-discl	or hire assume no responsibility for						
SIGNATURE (parent/guardian): Date:							