



**BLACKHORSE EQUESTRIAN CENTER, LLC  
325 AMITY RD, BETHANY, CT 06524  
(203) 393-2586**

**REGISTRATION FORM – SUMMER RIDING PROGRAM 2019**

Your application should be sent in with a \$100 non-refundable deposit per week, to Blackhorse Equestrian Center, LLC to reserve space for your child. This deposit will be deducted from the balance due for the summer riding program. All forms must be completely filled out and sent in or brought with your child on or before the first day. No child will be allowed to stay without proper forms.

**Please check week(s) your child will be attending:**

- |                                       |                                       |   |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> June 17 - 21 | <input type="checkbox"/> July 15 - 19 | <input type="checkbox"/> August 12 - 16 |
| <input type="checkbox"/> June 24 - 28 | <input type="checkbox"/> July 22 - 26 | <input type="checkbox"/> August 19 - 23 |
| <input type="checkbox"/> July 1 - 5   | <input type="checkbox"/> August 5 - 9 |   |

Child's Name	Child's Age	Riding Experience (if any)	
Total Amount Due (\$375 for first week + \$350 for additional weeks)		Deposit Received	Balance Due
\$		\$	\$

Extended day programs are available with or without additional riding time. Please inquire for pricing.

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**RIDING PROGRAM HOLD HARMLESS AGREEMENT**

I recognize and agree that under Connecticut General Statutes Section 52-557p, each person engaged in recreational equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, subject only to certain limitations specified by that statute.

I agree to hold harmless Blackhorse Equestrian Center, LLC and their agents, employees, contractors and officers from and against any and all claims and liabilities for any and all injuries, losses and damages to me (or my child) or my property ( or my child's property) that may arise from my (or my child's) participation in equestrian activities. In addition, I understand that no warranty, express or implied, written or oral, has been made to me (or my child) regarding the safety or suitability of any horse or regarding my (or my child's) skill or ability to handle any horse.

**PLEASE PRINT YOUR NAME AND SIGN**

Rider/Driver Signature	Parent's Signature (if minor)	Date
Print Name	Print Parent's Name (if minor)	Date



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## Emergency Medical Information

Child's Name		Date of Birth	Email Address	
Home Address		City, State and Zip		Home Phone
Father's or Guardian's Name			Work Phone	Cell Phone
Mother's or Guardian's Name			Work Phone	Cell Phone
Insurance Co.	Policy #		Date of last Tetanus shot	
Child's Physician			Phone #	
List of allergies (if any)				
General Medical History				
Additional comments				
Others to call if parent(s) cannot be reached				Phone #

### **MEDICAL TREATMENT CONSENT AND AUTHORIZATION**

In the event that I/we are unavailable for the purpose of providing parental consent, I/we hereby authorize a qualified emergency medical technician, physician, or hospital emergency room, as selected by the staff of Blackhorse Equestrian Center, LLC to provide such hospital care including routine diagnostic procedures and medical treatment to my child. I understand that the consent and authorization herein granted does not include major surgical procedures.

\_\_\_\_\_  
 Signature of father or guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of mother or guardian

\_\_\_\_\_  
 Date