



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

REGISTRATION FORM – SUMMER RIDING PROGRAM 2018

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 25 - 29 | <input type="checkbox"/> July 16 - 20 | <input type="checkbox"/> August 6 - 10 |
| <input type="checkbox"/> July 2 - 6 | <input type="checkbox"/> July 23 - 27 | <input type="checkbox"/> August 13 - 17 |
| | | <input type="checkbox"/> August 20 - 24 |

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.

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



Emergency Medical Information

Blackhorse Equestrian Center, LLC

325 Amity Rd. Bethany CT 06524

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