



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

REGISTRATION FORM – SUMMER RIDING PROGRAM 2010

Your application should be sent in with a \$100 non-refundable deposit, 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:

- June 21 - 25 July 12 - 16 August 2 - 6
 June 28 – July 2 July 19 - 23 August 23 - 27

Child's Name	Child's Age	Riding Experience (if any)	
Total Amount Due (\$375 for first week + \$325 for additional weeks)		Deposit Received	Balance Due
\$		\$	\$

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

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Child's Name	Date of Birth	Home Phone	
Home Address	City, State and Zip	Email Address	
Father's or Guardian's Name		Work Phone	Cell Phone
Mother's or Guardian's Name		Work Phone	Cell Phone
Insurance Co.	Policy #	Child's social security	
Child's Physician	Phone #	Date of last Tetanus shot	
List of allergies (if any)			
General Medical History		Additional comments	
Closest Relative			Phone #
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