

# Slocum's Appaloosa Ranch

1674 Private Hills Lane, Moneta Va 24121

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## Summer Camp 2017 Registration Form

Please circle the date(s) your child will be attending: June 19-23      June 26-30

July 3-7   July 10-14   July 17-21   July 31-Aug 4   Aug 7-11   Aug 14-18   Aug 21-25

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Camper's First Name                      Last Name                      Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City    State    Zip Code

(\_\_\_\_\_)\_\_\_\_\_  
Home Phone                                      Cell Phone

\_\_\_\_\_  
Email address                                      @

Person(s) authorized to pick-up camper: \_\_\_\_\_

Does camper have horse experience: \_\_\_\_\_ Years lessons taken: \_\_\_\_\_

Campers highest level of experience: WALK TROT CANTER JUMP

Does the camper have any physical and/or medical health condition, problem and/or disorder which may affect his/her safety and/or ability to ride? YES NO

If yes, please describe: \_\_\_\_\_

### **RELEASE OF LIABILITY**

PLEASE READ CAREFULLY AS THIS AFFECTS YOUR LEGAL RIGHTS: The Undersigned has been advised that horses can be unpredictable and there is a risk of serious injury or death involved in grooming, handling and riding them. The Undersigned agrees to assume such risk when using Slocum's Appaloosa Ranch horses. Also, the Undersigned, along with family, estate, heirs or assignees to release/hold Slocum's Appaloosa Ranch , its agents & employees, from & against any claim, action, damage, expense, loss or liability paid, suffered or incurred whether, or not for seen, as a result of using Slocum's Appaloosa Ranch horses or equipment. In consideration of the above, the Undersigned agrees to abide by all rules & regulations which may be posted in the barn or announced by a Slocum's Appaloosa Ranch agent or employee. The Undersigned has given permission for a representative of Slocum's Appaloosa Ranch to see medical attention for my child in a situation, I, nor my designee, can be reached. Slocum's Appaloosa Ranch has the right to refuse or terminate enrollment of any child.

### **ALL CAMPERS MUST HAVE AND WEAR APPROVED HELMETS**

I have read the above release of liability and understand its provisions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name here: \_\_\_\_\_

DEPOSIT \_\_\_\_\_ TOTAL AMOUNT: \_\_\_\_\_ BALANCE: \_\_\_\_\_ CK # \_\_\_\_\_ /CASH

PLEASE BE CERTAIN TO DOWNLOAD AND COMPLETE MEDICAL RELEASE FORM ALSO