

Barclay Farm Summer Riding Program (215)357-2397

2011 Registration Form

Sign up by May 15<sup>th</sup> Don't wait! Space is limited!

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size: YM YL S M L

My Child will be attending: (Please circle all that apply)

Session	Date and Times	Price	Ages
Session #1	Full days for one week 9AM -3PM - July 9 <sup>th</sup> - 13 <sup>th</sup>	\$315	Ages 7 -14
Session #2	Full days for one week 9-3PM July 16 <sup>th</sup> -20 <sup>th</sup>	\$315	Ages 7-14
Session #3	Full Days for one week 9-3PM July 30 <sup>th</sup> -August 3rd	\$315	Ages 7-14
Session #4	Full Days for one week 9-3PM August 13 <sup>th</sup> -17 <sup>th</sup>	\$315	Ages 7-14
Pee Wee Camp	August 6 <sup>th</sup> -10 <sup>th</sup> 9-11:15AM or 12:30-2:45 PM	\$215	Ages 4-6

Please make checks payable to Barclay Farm. A \$100.00 non-refundable deposit is required and will be credited towards your final payment, which is due one week prior to the start of camp. Please send your information to the address below:

Barclay Farm

Attn: Janet Cole

151 Bridgetown Pike

Langhorne, PA 19053

**RIDING WAIVER**

**WARNING: YOU ASSUME THE RISK OF EQUINE ACTIVITIES PURSUANT TO PENNSYLVANIA LAW.**

I, the undersigned, recognize the dangers inherent with horseback riding. I am assuming the risks of this hazard upon myself since I wish to handle and ride horses.

I realize I am subject to injury from this activity and no form of preplanning can remove all danger to which I am exposing myself.

I have been warned and assume the risk of equine activities pursuant to Pennsylvania Law.

I certify that I have accident or health insurance to cover any injuries sustained should there be an injury from my interaction with a horse(s) and waive any third party subrogation to recover the costs of my injuries.

All persons under the age of 18 must have their parent or guardian sign this form.

**Rider's name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Barclay Farm riding instructors and owners reserve the right to ask participants to no longer participate in our programs if they feel a child is acting in a way that might cause harm to others or themselves. It is important that all participants try their best to follow directions.**

\_\_\_\_\_  
Signed (Student, age 18 or over) Date

\_\_\_\_\_  
Signed (Parent or Guardian for Students under age 18) Date

\_\_\_\_\_  
Signed (for **Barclay Farm**) Date

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Emergency Contact Information:**

Name and Number of emergency Contacts: \_\_\_\_\_

Relationship: \_\_\_\_\_

List Allergies or prior injuries: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_