



Carriage Stone Farm, LLC

Summer Riding Program Registration

Rider's Name: _____

Name of Parent/Guardian: _____

Address: _____

Address (if different) _____

Phones: Daytime : _____

Age: _____ DOB: _____

Evening : _____

Phone: _____ Cell: _____

Cell: _____

Email: _____

Email : _____

Rider's level of experience (circle one):

No experience Walk/Trot Walk/Trot/Canter W/T/C/Jumping

Rider's interest(s):

Unknown Pleasure Dressage Jumping Combined Training

Circle selected week:

6/28 - 7/2 "School's Out!" Session

7/12 - 16 Combined Training

7/26 - 30 Horse Show Prep

8/16 - 20 Combined Training

Emergency Contact:

Name: _____ relationship: _____

Phones: daytime: _____ cell: _____ other _____

Emergency Procedures:

In the event of an emergency when parent/guardian or emergency contact cannot be reached, does Carriage Stone Farm, LLC have permission to transport rider by ambulance to a hospital? Y N circle and initial _____

Which hospital is preferred? _____

In the event preferred hospital is unavailable, does Carriage Stone Farm, LLC have permission to transport to an alternate hospital? Y N circle and initial _____

If necessary, does Carriage Stone Farm, LLC have permission to authorize treatment of patient? Y N circle and initial _____

Are there any special conditions, health or otherwise, that Carriage Stone Farm, LLC should be aware of?

I give my child _____ permission to participate in Carriage Stone Farm's Summer Program and accept all inherent risks.

I give my child permission to ride on inflatable waterslide. Y N Circle and initial: _____

Signature: _____

Date: _____

One completed Registration form must be accompanied by a \$75 non-refundable deposit for each selected week. Forms and deposits can be dropped off at the barn or mailed to:
Toby Neubig 180 Village St. Northford, CT 06472