

WOODEDGE

2025 HORSEBACK RIDING DAY CAMP

REGISTRATION FORM – ONE CAMPER PER FORM

STUDENT INFORMATION

Name: _____
 Address: _____
 City, ST ZIP: _____
 Phone Numbers (123.456.7890):
 Home: _____ Mom Work: _____
 Cell: _____ Dad Work: _____
 Email 1: _____
 Email 2: _____
 Height: _____ Weight: _____ Sex: M F
 Birthdate (mm/dd/yyyy): _____ Age: _____

SESSION(S) DESIRED:

We are unable to accept split or half sessions.

- 1 - June 30-July 3 / July 7-10
 - 2 - July 14-17 / July 21-24
 - 3 - July 28-31 / August 4-7
 - 4 - August 11-14 / August 18-21
- CHECK HERE FOR MORE THAN ONE SESSION

Please include a deposit of \$495 (or the full amount of \$995) for each session requested

PREVIOUS RIDING EXPERIENCE

Can you, with confidence, control, and without assistance:

Walk Trot Canter Jump

IF YOU ARE NEW TO WOODEDGE

Have you had riding lessons before? Yes No

If "yes" for how long (years/months)?

Where did you ride?

How did you hear about Woodedge?

ADDITIONAL INFORMATION:

Even if you have given us this information before, PLEASE complete the form to insure that our records remain current.

Health problems, allergies, or special needs:

Any Other Concerns:

Emergency Contact Person (Name/Phone):

Primary Physician (Name/Phone):

Additional Comments (optional):

FOR OFFICE USE ONLY

M TU W TH F S @ ____:____ am pm

I _____ A _____ L _____

Date _____ Ch# _____

Amt _____ Bal Due _____

PAYMENT

Payment must accompany registration. Make checks payable to Woodedge. Forms cannot be processed without payment and completed information.

Please include a deposit of \$495 (or the full amount of \$995) for each session requested. You may Venmo payments to Maureen Allen @ Woodedge Stables

Send completed registration form and check to Woodedge, 116A Borton's Landing Road, Moorestown, NJ 08057

Woodedge Equitation School Student Release Form – 2025 Horseback Riding Day Camp – **SIGNATURE REQUIRED! – FORM MUST BE COMPLETED IN FULL!**

“WARNING UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, c. 287 (C.5:15-1 et seq.) Suit shall be instituted by the student or the parents or guardian of a student, jointly or severally, against any owner or employee of the School, to recover damages or loss actually or allegedly resultant to parents of the student or to either of them by reason of any injury or fatality which, while on the premises or off the premises, either for instruction or in connection with instruction, such students shall sustain.

2. The student or parents of a student at this school agree to save this school, or any owner or employee of the school harmless against any and all claims, demands, or suits which shall be brought by anyone not signatory hereto and which shall be predicated upon any such injury or fatality so sustained by a student of this school.

3. This combined pledge against suit and promise of indemnification shall be effective immediately and shall automatically terminate if and when Woodedge Equitation School receives written notice of termination signed by either or both of the student's parents. Termination, however, shall not affect the application of the foregoing provisions, (1) and (2), for any mishap which shall have previously occurred.

Student's name:

I hereby agree to the foregoing as student / parents of said student and wish my / his / her lessons to begin on (mm/dd/yyyy):

Signatures: Adult Student: _____
 Father of Student: _____
 Mother of Student: _____
 Address: _____

Date: _____
 Date: _____
 Date: _____
 Phone (123.456.7890): _____