WOODEDGE

WINTER SEMESTER 2026 HORSEBACK RIDING LESSONS REGISTRATION FORM – ONE STUDENT PER FORM

STUDENT INFO Name: Address: City, ST ZIP: Phone Numbers (1 Home: Cell: Email 1: Email 2: Height: Weig	I23.456.7890): Mom Work: Dad Work: Iht: Sex: M F	SCHEDULING PREFERENCES: How many lessons per week are you enrolling in: Each additional lesson requires another tuition. Ride time choices: DAY M T W T F S TIME 1st: 2nd: 3rd: I cannot ride on: Mon Tue Wed Thu Fri Sat	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 II Even if you have g Health problems, a Any Other Concert Emergency Contac Primary Physician Additional Comme	NFORMATION: liven us this information before, PLEAS allergies, or special needs: ns: ltt Person (Name/Phone): (Name/Phone): nts (optional):	SE complete the form to insure that our records remain cur	M TO W TH F S @:am pm IAL DateCh#_ AmtBal Due
		en@Woodedge Stables or make checks payable to Wo dedge, 116A Borton Landing Road, Moorestown, NJ 08	
CHECK ONE:	\$85 pay by the lesson – first week i \$695 semester paid-in-full with regi	ncluded \$150 private lesson – first payment	
WARNING UNIFECUINE ANIMA 1. No suit shall recover damage or emises or off 2. The student of this student of the student of the student of this student of the stud	DER NEW JERSEY LAW, AN EQUIL ACTIVITIES RESULTING FROM the instituted by the student or the sor loss actually or allegedly rethe premises, either for instructor parents of a student at this so its which shall be brought by an school. The promised pledge against suit and promised receives written notice of terroscience.	UESTRIAN AREA OPERATOR IS NOT LIABLE FO IN THE INHERENT RISKS OF EQUINE ANIMAL AC the parents or guardian of a student, jointly or seve resultant to parents of the student or to either of the ion or in connection with instruction, such stude the hool agree to save this school, or any owner or e yone not signatory hereto and which shall be pre-	imployee of the school harmless against any and all claims, edicated upon any such injury or fatality so sustained by a ely and shall automatically terminate if and when Woodedge parents. Termination, however, shall not affect the
application of tr Student's name		(2), for any mishap which shall have previously o	occurred.
		ents of said student and wish my / his / her lesso	ons to begin on (mm/dd/yyyy): Date: Date: Date: Phone (123.456.7890):