

# Morning Star Farm ~ 2019

Route 94, Fredon Township, N.J. 07860

Registration Form :

[www.mstarfarm.com](http://www.mstarfarm.com)

Tele:(973) 579-1226

## RIDER INFORMATION:

Name: \_\_\_\_\_ Rider's age: \_\_\_\_\_  
Address: \_\_\_\_\_ School: \_\_\_\_\_  
City: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
State & Zip: \_\_\_\_\_ HOME TELE. # ( ) \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

PARENTS NAME: \_\_\_\_\_ Mom's Cell Phone: ( ) \_\_\_\_\_  
MOM: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_  
DAD: \_\_\_\_\_ Dad's Cell Phone: ( ) \_\_\_\_\_  
DAD or Guardian: \_\_\_\_\_ Daytime/Work Phone: ( ) \_\_\_\_\_

EMERGENCY CONTACT ( If unable to reach either parent ) :

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

\*CHILD'S PHYSICIAN: \_\_\_\_\_ Physician Phone No. ( ) \_\_\_\_\_

\*ANY KNOWN ALLERGIES: \_\_\_\_\_

\*Health Records: I certify that my child has had Vaccinations Required for School Attendance.

\*Please Provide a Current List of Your Child's IMMUNIZATION RECORDS.

\*Describe any special needs child may have ( S,A. Medication and or Medical Needs):  
\_\_\_\_\_  
\_\_\_\_\_

Briefly Describe Rider's Horse Experience ( if any ), circle one: **English** or **Western**

How were you referred to us? (check one plz) A Friend \_\_\_\_\_ FaceBook: \_\_\_\_\_  
Yellow Pages \_\_\_\_\_ Drive By \_\_\_\_\_ On Line \_\_\_\_\_ Google \_\_\_\_\_ Yahoo \_\_\_\_\_

**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.**

The Undersigned acknowledges that they are the Parent/Guardian and in consideration of their child being permitted to participate in Horse and Riding Activities at MorningStar Farm, LLC they assume full risk of any injury to the rider and agree that they will be responsible for and do hereby release MorningStar Farm, LLC from all liabilities, including negligence b y reason of injury to their child or their property during the Summer Riding Program, Camp, riding activities, including but not limited too riding lessons, exercizing, caring for horses before and after, trail rides, jumping, etc.

**Medical Release: In case of an emergency, I hereby give Morning Star Farm, its owners and it's employees the right to contact a Medical Doctor or Arrange for Emergency Medical Care if deemed necessary.**

( ) Please check if you **DO NOT** want any of your child's Pictures shared on the multimedia.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT or GUARDIAN

\*\*\* eMail Address: \_\_\_\_\_