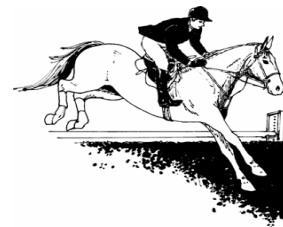


2019 Summer Camp Registration

Morning Star Farm

489 Route 94s, Fredon Township, N.J. 07860



RIDER INFORMATION

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

EMERGENCY CONTACT INFORMATION

PARENTS NAME: _____ email: _____
 MOM: _____ Work Phone: () _____ Cell Phone: () _____
 DAD: _____ Work Phone () _____ Cell Phone: () _____

CHILD'S PHYSICIAN: _____ Physician Phone _____
*****Health Records: I certify that my child has had Vaccinations Required for School Attendance.**
***Describe any special needs your child may have (S.A. Allergies, Medications or Medical Needs) :**

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

How were you referred to us? (check one) Current Student _____ Google> _____
 A Friend> _____ Yellow Pages> _____ Drive By > _____ Yahoo Search> _____ FaceBook: _____

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, exercising, caring for horses before and after, trail rides, jumping, etc.

1* I give permission for my child to have Pictures taken and put on MSF Social Media.

Medical Release:

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

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

Signed: _____
 Parent or Guardian

Date: _____
 eMail Address: _____

Weeks Available. (CIRCLE DESIRED WEEK OR WEEKS & note individual days)

June 17 th - 21 st	July 1 st – 5 th (4 Day Week)	Aug 5 th – 9 th
June 24 th -28 th	July 8 th – 12 th	Aug 12 th -16 th
	July 15 th – 19 th	Aug 19 th - 23 th
	July 23 rd – 26 th	Aug 26 th – 30 th
	July 29 th - Aug 2nd	

*Form MUST be accompanied by \$100.00 Deposit Per Week/Per Child

Balance due on first day. WE ACCEPT: PayPal or



Circle Choices

Week or Weeks
 Or
 Individual Days

9:00 A.M.
 Thru
 12:00 P.M. Only

Website: www.mstarfarm.com eMail: morningstarfarmSummerCamp@gmail.com