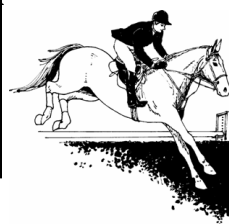


2020 Summer Camp Registration Form

Morning Star Farm

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

(973) 579-1226M



RIDER INFORMATION

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

EMERGENCY CONTACT INFORMATION

PARENTS NAME:

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 (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, exercizing, 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: _____ Date: _____
PARENT OR GUARDIAN eMAIL ADDRESS : _____

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

| | | |
|--|--|--|
| June 22 nd - 27 th | July 6 th - 10 th | Aug 3 rd - 7 th |
| June 29 th - July 3 rd | July 13 th - 17 th | Aug 10 th -14 th |
| | July 20 th - 24 th | Aug 17 th - 21 st |
| | July 27 th -31 st | Aug 24 th -Aug 28 th |

*Form MUST be accompanied by \$100.00 Deposit Per Week/Per Child
Balance due on first day.. We Now accept: CASH, CHECKS or PayPal
Website: www.mstarfarm.com & Facebook Page: www.facebook.com/MorningStarFarm

Circle Choices

Week or Weeks
Or
Individual Days

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