

# 2017 Summer Registration For Morning Star Farm



## 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 ( 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, 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

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

	July 10 <sup>th</sup> - 14 <sup>th</sup> <sup>h</sup>	Aug 7 <sup>th</sup> -11 <sup>th</sup>
June 26 <sup>th</sup> - 30 <sup>th</sup>	July 17- 21 <sup>nd</sup>	Aug 14 <sup>th</sup> -18 <sup>th</sup>
July 3 <sup>rd</sup> - 7 <sup>th</sup> (4day wk)	July 24 <sup>th</sup> -28 <sup>th</sup>	Aug 21 <sup>st</sup> - 25 <sup>th</sup>
	July 31 <sup>st</sup> -Aug4 <sup>th</sup>	Aug 28 <sup>th</sup> -Sept 1 <sup>st</sup>

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



Balance due on first day.. We Now accept: PayPal &  
 Website: [www.mstarfarm.com](http://www.mstarfarm.com) & Facebook Page: [www.facebook.com/MorningStarFarm](http://www.facebook.com/MorningStarFarm)

### Circle Choices

Week or Weeks  
 Or  
 Individual Days

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