

Summer camp registration form

Westside Stables LLC

Camp location:

33720 NE CORRAL CREEK

Newberg, OR 97132

360-624-0658 Cell

Please circle session(s) which campers are attending. \$450.00 PER CAMP WEEK

Monday through Friday from 10am to 3pm

Date: _____

Camper's Name _____ Birth _____
date _____ Shirt size _____ Street _____
_____ City _____
_____ State ____ Zip code _____ Phone _____

Home	Work	Cell
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Email _____

Confirmations sent via email Drop-off time: _____ Pick-up
time: _____ Person(s) authorized to pick up camper

Has the camper ridden before _____ Taken lessons (number of years)

_____ Circle highest level of skill walk trot canter jump

Does the camper have any physical and/or medical condition which may affect safety and/or
ability to ride: YES NO If YES, describe here

How did you hear about us? Newspaper, internet, friends, sign, yellow pages, other

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RELEASE OF LIABILITY. PLEASE READ CAREFULLY, THIS AFFECTS YOUR LEGAL RIGHTS: The Undersigned has been advised that horses can be unpredictable & there is a risk of serious injury or death when grooming, handling or riding them. The Undersigned agrees to assume such risk when using Westside Stables LLC horses. Also, the Undersigned, along with family, estate, heirs or assigns agrees to release/hold harmless Westside Stables, its agents & employees, from & against any claim, action, damage, expense, loss or liability paid, suffered, or incurred, whether or not foreseen, as a result of using Westside Stables horses & equipment. In consideration of the above, the Undersigned agrees to abide by all rules & regulations which may be posted in the barn or announced by a Westside Stables agent or employee. Westside Stables has the right to refuse or terminate enrollment of any child.

I HAVE READ THE ABOVE RELEASE OF LIABILITY & UNDERSTAND ITS PROVISIONS.

Guardian/Licensee signature _____ Date _____
Printed name _____

My child may be photographed; pictures may be used for advertising purposes. Yes _____
No _____

A DEPOSIT OF ONE-HALF OF THE TOTAL AMOUNT IS DUE AT TIME OF REGISTRATION; HOWEVER, PARENTS MAY PAY THE ENTIRE AMOUNT AT TIME OF REGISTRATION

TOTAL AMOUNT _____ DEPOSIT _____ BALANCE _____ Name _____
on check _____ Check # _____