

CAMP REGISTRATION 2023

APPLICANT INFORMATION

Name:			
Date of birth:		Phone:	
Current address:			
City:		State:	ZIP Code:
Previous Riding Experience			
Allergies or Medical concerns:			

PARENT/GUARDIAN INFORMATION

Father/Legal Guardian		Phone
Mother/Legal Guardian		Phone
Address		e-mail
City:	State:	ZIP Code:

EMERGENCY CONTACT

Name of a relative not residing with you:		Phone
Address:		
City:	State:	ZIP Code:
Approved to pick up my child :	Phone	
	Phone	

CAMP SESSIONS – CIRCLE YOUR CHOICE(S)

Beginners and Intermediates accepted all weeks except the one designated as advanced. Advanced riders must be W/T/C/xrails.

<i>Week 1</i>	June 26 -30	<i>Week 5</i>	August 7-11
<i>Week 2</i>	July 10-14	<i>Week 6</i>	August 14-18
<i>Week 3</i>	July 17-21	<i>Week 7</i>	August 21-25
<i>Week 4</i>	July 24-28		

RELEASE STATEMENT

B-BARR-B, LLC DBA TALL OAKS FARM AND BELLA ROSA STABLES AT 151 OAK GLEN ROAD, HOWELL NJ IS HEREBY, RELEASED FROM ALL RESPONSIBILITY RELATING TO ANY INCIDENT WHICH MAY OCCUR WHILE _____ IS ON THE FARM PROPERTY AND OR USING STABLE HORSES OR EQUIPMENT.

I UNDERSTAND THAT FOR SAFETY PURPOSES, STUDENTS ARE REQUIRED TO WEAR PROPER RIDING APPAREL INCLUDING SAFETY HARD HAT AND SHOES OR BOOTS AT ALL TIMES WHILE RIDING OR WORKING IN STABLE. SAID APPAREL WILL BE PROVIDED BY ABOVE MENTIONED STUDENT. I AGREE TO PROVIDE A COPY OF MY CHILDS VACCINATION RECORDS.

INITIAL_____

PAYMENTS

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I understand that at the time of registration or prior to May 1st I will make a **deposit of \$100.00** with the Balance due on the first day of camp. If, for any reason, my child does not attend a week that was signed up for, this deposit will be used as payment for that missed week. If my child returns to camp, a **new deposit of \$ 100.00** will be required before my child can continue in camp. I agree to pay the weekly tuition amount on or before Monday morning of each week our child attends Bella Rosa Riding Camp. I understand that my child will not be permitted to attend Summer Camp until payment is received. INITIAL _____

Mail Application(s) to: Bella Rosa Stables, 151 Oak Glen Road, Howell, NJ 07731.

Phone 732-938-5445 e-mail to stephen@bellarosara.com

SIGNATURES

Signature of Parent/Legal Guardian

Date: