

Week:

June 16-20

June 23-27

Child's Name
Parent/Guardian
Address
City

DOB dd/mm/yyyy Age

State Zip

Phone Numbers

Home 515-555-1212

Work Cell

Employer

Emergency Contact Info

Name Phone

Family Doctor Phone

Hospital

Allergies

Special Concerns

I will supply a riding helmet, boots, or full cover tennis shoes (No sandals, open toe or back), jeans for each day, swim suit (No 2 piece for girls, no Speedo for boys), towel, and a change of clothes. Please put all in a bag.

I give my permission for the ranch to use pictures taken of my child for advertisement.

I submit a \$125.00 deposit to reserve the above date.

The balance of \$125.00 is due upon arriving the first day of clinic.

I understand that if my child decides to not participate in the horse activities, I will be called to pick my child up.

Iowa Law states:

WARNING: Under Iowa Law, A domesticated animal professional is NOT liable for damages suffered by, an injury to, or the death of a participant resulting from the inherent risks of domesticated animal activities, pursuant to IOWA code chapter 673. You are assuming inherent risks of participating in this domesticated animal activity.

I have read the above and understand it. I further give my permission for my child to attend this clinic.

Signed _____ Date _____

Relation to Attendee _____

Upon receipt of this registration, 4 J's will send a copy back. NO REFUNDS.

Thank you,

Gayle Lindstrom

4 J's Horse Ranch 4310 NE 62nd Ave Ankeny, IA 50021