

WOODLAND HORSE CENTER
AFTER SCHOOL SADDLE CLUB REGISTRATION FORM
16301 New Hampshire Avenue, Silver Spring, MD 20905
301-421-9156, Fax: 301-421-9049
www.woodlandhorse.com

Payment is due at time of registration.

Please Fill Out Completely and Print Clearly with Ink

Child's Name _____
Last First Middle
Child's Address _____ City _____ Zip _____
Home Phone _____ Sex: M _____ F _____ Birthdate _____
Age _____ Present Grade _____

Name of Child's School _____
Address _____
Time of Dismissal _____

Father/Guardian _____ Work # & ext. _____ Cell# _____

Mother/Guardian _____ Work # & ext. _____ Cell# _____

E-mail Address _____

If parents are divorced, who has custody? _____ Mother _____ Father _____ Joint _____ Other

Release Information: (Check appropriate space and provide names, if applicable)

_____ NO ONE except the parents/guardian should be allowed to pick up the child from this program.

_____ The following persons are authorized to pick up the child from the program and/or be reached during an emergency (list names and Relationship).

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Emergency Information (Must provide telephone numbers)

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

I agree that the After School care provider may authorize the physician of his/her choice to provide emergency care if neither I nor the family physician can be contacted immediately.

Signature of Parent/Guardian _____ Date _____

Permission for Transportation Services:

I give permission for my child to be transported by Woodland Horse Center van from the aforementioned school to Woodland Horse Center with the possibility of another school pick up before returning to Woodland Horse Center.

Signature of Parent/Guardian _____ Date _____

Inclement Weather Policy: If school is closed prior to the start of school, there will not be any After School care provided. If school closes prior to the end of the regular school day, then transportation to the Center will be provided. Parents are asked to pick up their children by 4:30 pm as the roads will be treacherous for you and for our staff. Please call the Center on these bad weather days to verify your child's pick up.

Woodland Horse Center
After School Saddle Club Health Form

Child's Name _____

The following information is required for a child to be admitted to the After School Saddle Club.

Immunization Information:

All Saddle Club members must be **CURRENT** on all immunizations, see www.EDCP.org (immunization).

1. Provide date (month & year) of child's last tetanus (or DTP) shot?

2. What Maryland School is your child currently enrolled?

3. Is the child exempt from any immunization on medical or religious grounds?

YES, provide a signed copy of Maryland Department of health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medical contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

NO.

CONTACT INFORMATION:

Parent or Legal Guardian _____ Phone _____

Emergency Contact Person _____ Phone _____

Saddle Club member's Physician _____

Phone _____

Health Information: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies or special needs that we need to be aware of to ensure that your child's Woodland Horse Center experience is positive.

Parent or Legal Guardian's Signature _____ Date _____

WOODLAND HORSE CENTER, Inc.

AFTER SCHOOL SADDLE CLUB PROGRAM

HORSEBACK RIDING RELEASE

16301 New Hampshire Avenue, Silver Spring, MD 20905

301-412-9156 Fax: 301-421-9049

www.woodlandhorse.com

NAME _____ BIRTH DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK _____ CELL _____

E-MAIL ADDRESS _____

Please Circle Riding Experience: None Walk Trot Canter Jump

Does the Rider have any physical and/or mental health conditions, problems and/or disorder which may affect his/her safety and ability to ride?

YES NO If YES, describe here: _____

RELEASE OF LIABILITY. PLEASE READ CAREFULLY, THIS AFFECTS YOUR LEGAL RIGHTS:

In consideration of being permitted to use horses and equipment owned by, or in the care, custody and control of Woodland Horse Center (WHC), the undersigned (Parent/guardian) and his or her family, estate, heirs or assigned, hereby agree to release and hold harmless WHC, its agents and employees from and against any claim, action, damage, expense, loss or liability paid, suffered, or incurred, whether or not foreseen or unforeseen, as a result of the use by Rider of such equipment and horses. Parent has been informed of and agrees to be bound by the rules and regulations affecting the use of such equipment and horses which may be posted from time to time in the barn or announced by an authorized agent or employee of WHC. Parent acknowledges that he or she has been advised that horses and ponies are sometimes unpredictable and there is risk of serious bodily injury or death involved in grooming, handling and riding horses, and with such knowledge hereby agrees to assume such risk.

NOTICE: All students will purchase their own properly fitted protective helmet meeting current safety standards and wear it whenever they ride.

Parent/guardian acknowledges that I have read and fully understand and agree to the terms and conditions of the above Release and Disclaimer of liability, and that it is binding on my heirs, executors and assigns. I represent and warrant that I have authority to give this release.

Parent/Guardian Signature

Date