

2016 CARRIAGE BARN PLAY DAYS

The Carriage Barn

REGISTRATION FORM

One Family per registration form, please

Parent / Guardian Name: _____

Child Name: _____ Age (as of 11/1/16): _____

Child Name: _____ Age (as of 11/1/16): _____

Child Name: _____ Age (as of 11/1/16): _____

Child Name: _____ Age (as of 11/1/16): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____

Is attendee enrolled in any special education program? ___ If so, please attach a brief explanation.

Please see flyer or website for specific play day requirements

Cost is \$20 per Child, per session, per Day

Please choose which day(s) & session(s) you wish to attend:

November Child	Nov 3 PM	Nov 8 AM	Nov 8 PM	Nov 11 AM	Nov 11 PM	Nov 23 AM	Nov 23 PM

December & January Child	Dec 15 PM	Dec 26 AM	Dec 26 PM	Dec 27 AM	Dec 27 PM	Dec 28 AM	Dec 28 PM	Dec 29 AM	Dec 29 PM	Dec 30 AM	Dec 30 PM	Jan 2 AM	Jan 2 PM

of children _____ X Total # of sessions _____ X \$20 = Total due _____
 Total fee due with registration. Please make checks payable & mail to:

The Carriage Barn
 PO Box 247
 E Kingston, NH 03827

Confirmation will be sent upon receipt of your registration / payment. For more information:
 Phone: 603-378-0140, E-mail: carriage-barn@comcast.net, Website: www.carriage-barn.org

Liability Waiver is required for all participants (including parent signature). **Cancellation / Refund Policy:**
 Full refund if program is cancelled. All other refunds at the sole discretion of Carriage Barn Management.

2016 Spring Play Days
THE CARRIAGE BARN
REGISTRATION FORM

Child(ren) Name(s): _____

Physician's Name(s): _____

Health Insurance Company: _____

Allergies to medications: _____

Current medications: _____

In the event of emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In signing this application, the Undersigned & parent / guardian agree to the following:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: The Carriage Barn will render basic first aid as needed, but is not liable for any medical services that may be needed. Any medical services that may be needed are the sole responsibility of the Undersigned. Permission is given here for The Carriage Barn to secure & retain medical treatment (including transportation) if needed and release records to assist in that medical treatment. Permission is also given to any physician / hospital chosen by The Carriage Barn to treat the Undersigned for any illness or injury, as deemed appropriate by qualified medical personnel.

RELEASE AND HOLD HARMLESS: Whereas, the Undersigned, acknowledges the inherent risks involved in riding & working around horses, which risks include bodily injury & death, from using, riding or being in close proximity to horses, among other risks & further, that both horse & Driver can be injured in normal use or in competition & schooling. In consideration, therefore, for the privilege of riding and/or working around horses at The Carriage Barn, the Undersigned does hereby agree to hold harmless & indemnify The Carriage Barn Equestrian Center Therapeutic Riding Program, Inc., Trundle Bed Farm, LLC, Ann Miles, and The Holt Family. Further the Undersigned releases them from any liability or responsibility for accident, damage, injury, death, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned.

ALSO, in signing this application the parent / guardian agrees to the following:

Any damage caused by the Undersigned's disregard of instructor / staff instructions must be paid for by the Undersigned. The Carriage Barn will not assume liability for loss / damage of Undersigned's property.

Permission is also given here for use of photographs and / or video of Undersigned in Carriage Barn publicity, unless otherwise noted in advance.

Date: _____ Signature: _____
Parent or Legal Guardian