

Therapeutic Riding Registration Form

Please check the date(s) that you are registering for. Payment, PEAK registration form and **Freedom Horse forms** must be received prior to riding. You may register for any amount of sessions.

location: Freedom Horse, 158 Flocktown Rd, Long Valley

cost: \$25 per week

- dates:** Sunday, September 8 - 11:00 am
 Sunday, September 22 - 11:00 am
 Sunday, October 6 - 11:00 am
 Sunday, October 20 - 11:00 am

Note: There is a max of 6 children per session. Enrollment is on a first come, first serve basis. You will receive a confirmation email upon receipt of your payment and registration form. Rain dates will be scheduled on an as-needed basis.



MAIL FORM AND PAYMENT TO: PEAK 31 Glenside Dr Budd Lake 07828

Parent's First Name: _____ Last Name: _____

Participant's First Name: _____ Age: _____ Total \$ enclosed: _____

Description of student's disability and any medically relevant information (please use the back of this form if necessary):

Address: _____ City: _____ STATE: _____ ZIP: _____

Home Phone: _____ Cell: _____

E-mail (use for correspondence between event organizer and participants): _____

If you can not be reached via the phone numbers listed above, we will attempt to reach the emergency contact you list below.

Emergency Contact: _____ Emerg. Phone: _____

PLEASE READ CAREFULLY

Checks returned for insufficient funds will require an additional \$20 processing fee, in addition to cash or money order payment for the program. You will be contacted via email if there is a change in schedule or if the program/class is cancelled due to lack of enrollment. If no email address is provided, you will receive a phone call. If inclement weather prevents practice, it is up to the discretion of the instructor as to when/where make-ups will be. Refunds are only issued if the program is cancelled, otherwise a credit will be issued for a future Recreation sponsored program. Your cancelled check will serve as your receipt.

As in any activity, there are inherent risks, and injuries that may occur. I hereby release and discharge PEAK and the Township of Mt. Olive, its agents, employees, appointed officials, volunteers, commissions, or associations from any and all actions for losses, damages, or personal injuries to myself or my child which may occur or arise out of my or my child's participation in the above activity.

Signature: _____ Date: _____

This student's photo may be used in: training/workshop slides printed materials such as brochures, flyers & newsletters
 advertisements photo not to be used