

Southern Heritage Farm LLC

Registration Form

Saddle Club After School Care Program

Sep 18 - Nov 8, 2018 ♦ Tuesday's or Thursday's ♦ 4pm-6pm

I/We, _____

(Please print name(s) of parent(s) or legal guardian(s))

grant permission for our child to attend and participate in all **Southern Heritage Farm Saddle Club** activities, on and off Southern Heritage Farm (SHF) premises, during after school care program hours from 4:00 pm to 6:00 pm. I/We realize that safety precautions will be taken and that my child will be supervised but that SHF assumes no liability for injury or damages incurred. In the event that I/we cannot be reached in a timely manner, I/we give permission for my/our child to receive emergency medical treatment, as necessary, and I/we want to be notified immediately. Any debt incurred will be the responsibility of the parent or guardian. I/We also give SHF permission to use his or her photographic likeness in all forms for media advertising and other lawful purposes.

Signature of Parent/Guardian

Signature of Parent/Guardian

Session (circle choice)

Tuesday's - Elementary School Age: \$50/day (4pm – 6pm)

Thursday's - Middle School Age: \$50/day (4pm – 6pm)

Saddle Club Member & Contact Information

Saddle Clubbers's Name: _____ Age: _____

Current Grade: _____ Shirt Size: _____ (available in Youth, S, M, L ♦ Adult S , M)

Current Student at SHF?: _____ If yes, preferred horse/pony? _____

Parent/Guardian: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #'s: Home _____ Work _____ Cell _____

Brief Description of Riding Experience (No Experience Necessary):

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Emergency Information:

Physician: _____ Phone: _____

Insurance Company Name: _____ Policy Holder: _____

Policy & Group #'s: _____ Phone: _____

Please list Emergency Contacts and/or people who have permission to pick up your child.

Name: _____ Phone: _____

Name: _____ Phone: _____

Please check or indicate any medical information that would help us to better care for your child.

Asthma ___ Inhaler ___ Bee Allergies ___ Nut Allergies ___ Other _____

Payment Information:

A \$150 non-refundable deposit is due with this registration. Full payment can also be submitted with the registration form. Any remaining balance is due on the first day of Saddle Club. Monthly payments are available upon request. Please make the checks out to **Southern Heritage Farm**.

I understand and authorize all payments due must be charged due to a space being "saved". I also understand that **Southern Heritage Farm does not provide refunds or credits for missed days**. Policies are posted on the website and available in the office. I have read, understand, and agree to all payment policies.

Signature: _____ Date: _____

**Please return this form, along with deposit (or complete payment) to:
Southern Heritage Farm, 3500 Courtney School Road, Midland, VA 22728**