

SJ Ranch Application

First Name: _____ Last Name: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ e-mail: _____

Age in Summer: _____ Grade in Fall: _____ Height: _____ Weight: _____ Birthdate: _____

Mom's Info:

Name: _____ Address: _____ Phone: _____
(If different from camper's) (if different from camper's)

W Phone: _____ Cell/beeper: _____ e-mail: _____

Dad's Info:

Name: _____ Address: _____ Phone: _____
(If different from camper's) (if different from camper's)

W Phone: _____ Cell/beeper: _____ e-mail: _____

Although health and safety precautions are a priority at SJ, any accident or illness requiring medical attention will be at the parent's expense. These expenses are NOT included in the camp tuition. The following information is therefore essential. PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD.

Insurance #: _____ Ins. Company: _____

Name of Insured: _____ DOB _____ Group/Employer: _____

In the event neither parent can be reached in an emergency, whom should we contact?

Sessions: _____
1st: _____ 2nd: _____ 3rd: _____ 4th: _____ # Weeks: _____ Dates Attending: _____

The registration fee is \$150 per week and is applied toward tuition. It is refundable prior to March 1 less a \$60 (per session) office fee. The BALANCE of tuition is due April 15.. The balance (less registration fee) will be refunded in full up to 7 weeks prior to the beginning of registered sessions. At 7 weeks prior, 85% of the balance will be refunded; at 6 weeks, 70%; at 5 weeks, 55%; at 4 weeks, 40%; at 3 weeks, 25%. If the camper is excused by the camp physician while attending camp, the unused portion of the tuition, less the registration fee, will be applied to the following year's tuition. No refunds will be made in the case of homesickness or if the camper is dismissed for violating camp rules or safety policies.

In signing this application, it is understood that all of the above information is correct, that the camp reserves the right to refuse this application or to dismiss the child from camp, and that permission is given for the camper to participate in all riding, and other camp activities, including out of camp trips. The camp is also authorized to use photos, slides, or video of the camper for promotional purposes.

Although safety considerations are a priority at SJ Ranch, the undersigned understands that horseback riding and its affiliated activities can be dangerous, and agrees to hold SJ Ranch, Inc., and staff harmless in the case of an accident.

PARENT OR GUARDIAN'S SIGNATURE

DATE

Upon becoming a camper at SJ Ranch, I agree to follow camp rules and safety policies. I also promise to do my best to make this a good experience for myself and for fellow campers.

CAMPER'S SIGNATURE

DATE

Cabinmate request (optional) _____

Amount Enclosed: _____

How did you hear about SJ Ranch?

Release of Liability Agreement with SJ Ranch, Inc.

As a participant or parent/guardian of a participant in the SJ Ranch camp program, I recognize that there are certain risks inherent in such equine activities as horseback riding, driving, training, horse care, being around or near horses, and the use of equipment associated with horseback riding.

The risks inherent in these equine activities include, but are not limited to, those dangers presented by the propensity of any horse to run, stop suddenly, shy, kick, bite, buck, stumble, rear, fall, step on, or behave in ways that may result in falls, injury, harm or death to persons around them. Horses are unpredictable and may react to such things as sounds, sudden movements, other horses, insects, or unfamiliar objects, persons, or animals. These are some of the risks and dangers but the signer is not relying on SJ Ranch to list all possible risks.

I fully understand and appreciate that SJ Ranch, Inc. **does not** represent or warrant the quality, character, or behavior of any horse.

As consideration for being allowed, or for my minor child being allowed, to participate at SJ Ranch, I agree to assume the full risk of any injury, including death, for myself or my child that I or my child may sustain as a result of participating. I fully release and hold harmless SJ Ranch, Inc., its directors, officers, employees and volunteers, from any and all claims from injuries, damages, or loss which may accrue to me on account of my participation, or on account of my minor child's participation in any and all activities at SJ Ranch.

I accept the responsibility for providing my own accident and medical insurance, and I accept financial responsibility for any medical expenses that my insurance does not cover.

This document cannot be modified except in writing if signed by SJ Ranch and participant. This release is meant to be valid now and in the future whenever participant enters the property.

I have read, fully understand, and agree to the terms of this Release of Liability Agreement.

Participant's Name (please print) Participant's Signature Date

If participant is under 18 years of age a parent or legal guardian must sign also:

Parent/Guardian's Name (please print) Parent/Guardian's Signature Date

FOR CAMP USE ONLY – DO NOT WRITE BELOW THIS LINE

_____ # Weeks @ _____ Session _____ Amount Received _____ Ck # _____ Date _____ Balance Due _____

Confirmed _____ Source _____ Gift _____ Sent _____ Medical _____

Spending Money _____ Lessons _____ Show'n Learn _____ EP _____ Canteen _____

Payments: