

2011 KIDS DRIVING CLINICS

THE CARRIAGE BARN

SOUTH HAMPTON, NH

REGISTRATION FORM

One Driver per registration form

Name: _____ Sex: _____ Age (as of June 1st): _____

Parent / Guardian Name: _____

Address: _____

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

E-mail: _____

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

Please see flyer or website for specific clinic requirements

Pricing

\$500 per Driver per week for ages under 10

\$800 per Driver per week for ages 10+

Please choose session(s) you wish to attend:

Week #1: July 11 th – 15 th	
Week #2: August 8 th – 12 th	

Please make checks payable & mail to:

The Carriage Barn

PO Box 5

E Kingston, NH 03827

Level of Riding Experience: Beginner Intermediate Advanced

Level of Driving Experience: Beginner Intermediate Advanced

Goals for this clinic: _____

Confirmation will be sent to you upon receipt of your registration / payment.

For more information: Phone: 603-378-0140,

E-mail: carriage-barn@comcast.net, Website: www.carriage-barn.com

Liability Waiver is required for all participants
(including parent signature).

Helmets are required for all participants.

Cancellation / Refund Policy

Full refund if program is cancelled. All other
refunds at the sole discretion of
Carriage Barn Management.

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Driver Name: _____ DOB: _____

Physician's Name: _____

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 Driver and Parent / Guardian agrees 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 Driver / Driver's family. Permission is given here for The Carriage Barn to secure & retain medical treatment (including transportation) if needed and release client records to assist in that medical treatment. Permission is also given to any physician / hospital chosen by The Carriage Barn to treat the Driver 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, LLC, The Carriage Barn Equestrian Center Therapeutic Riding Program, Inc., Ann Miles, and _____. 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 any premises during the clinic.

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

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

The Carriage Barn reserves the right to dismiss any Driver from camp due to behavior problems (without refund).

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

Date: _____ Signature: _____

Parent or Legal Guardian if Minor