Rainbow Ridge Farm EC llc.

2022 Registration Form

Summer Riding Program

Tuition includes a Non-Refundable $100.00 Reservation Fee for each week per child. Payment must be Received in Full by May 1st. for all Summer Program Sessions.

If payment is not received we cannot hold your spot. No Refund for Cancellation made after May 1st. 2022

Tuition can be paid by Check, Credit Card or money order, payable to: Rainbow Ridge Farm. If Full Tuition & Registration is not received by May 1st., your spot will be given away and you will lose your reservation fee unless other arrangements are made with Rainbow Ridge Farm.

No Registration forms will be accepted without the $100.00 non-refundable deposit. Please mail payment to:

Rainbow Ridge Farm EC llc. 4841 Applebutter Rd Pipersville Pa. 18947.

TOTAL TUITION Full Day (per week $375.00) Half Day (per week $275.00)

Please complete all fields. Use a separate form for each child.

Child's name:_____

Age:_____

Entering Grade:_____

Birth Date :(mm/dd/yy)._____

Sex: __Male

__Female

Parents or legal guardian's full names:

Street Address:_____

City:_____

State:_____

Zip:_____

Home Phone:_____

Work Phone:_____

Cell Phone:_____

E-mail address:_____

If 2nd. Street Address:_____

City:_____

State:_____

Zip:_____

Home Phone:_____

Work Phone:_____

Cell Phone:_____

E-mail address:_____

Emergency contacts other than parent or guardian:

Name:_____ 1st Phone:_____

Relationship:_____ 2nd Phone:_____

Name:_____1st Phone:_____

Relationship:_____ 2nd Phone:_____

Authorized pickup person in addition to parents or guardians: (I.D. must be presented at time of pickup).

Name:_____

Street Address:_____

City:_____

State:_____

Zip:_____

Phone:_____

Please list in full any allergies, or medications that require attention:

Date of last tetanus shot: (mm/dd/yy)._____

Are all of your child's vaccinations up to date? _____

Do we have permission to administer Tylenol, Benadryl if needed?

___Yes ___ No

Do we have permission to administer minor first aid if needed?
___Yes___No

Do we have permission to seek medical attention in an emergency?
___Yes___No

Do you give permission for your child to swim in our pool.

Yes____

No ____

Child's doctor's name:_____ Phone:_____

Child's dentist name:_____ Phone:_____

Health card or Blue Cross number:_____

Equestrian Program.

What Week do you wish to enroll your child in?

Please Choose ½ or Full Day below:

Full Day $375.00 Per Week _____

1/2 Day ONLY $275.00 Per Week_____

(CLOSED 4TH OF JULY WEEK 7/4/-7/8/22

Week 1-June 20th.____ Week 4-July18th.____

Week 2-June 27th. _____

Week 3-July 11th.____

Riding skill level:

Beginner___

Intermediate___

Advanced___

Swimming skill level:

Beginner ____

Intermediate___

Advanced___

Please Remember to include your $100.00 NON-refundable deposit PER week to hold your space!

Please choose.

How many Weeks?

Full Days $100.00 X_____=_____

Half Days $100.00 X_____=_____

Total Registration fee enclosed $_____

We accept All Major Credit Cards

SIBLING INFORMATION: Please list any siblings (and their birth dates) who would be attending this facility.

Child:_____

Birthdate:_____

Child:_____

Birthdate:_____

Child:_____

Birthdate:_____

Tell us about your child:

SUMMER 2022

Campers Name:_____

Has your child ever been to camp before?_____

Does your child get along with others:_____

Easily_____

Fairly Easily _____

With Some Difficulty_____

Interests: (extracurricular activities at school, sports, clubs, hobbies or interests)_____

Characteristics -- (Please check all those that are appropriate)

Cheerful_____

Team Worker_____

Cooperative_____ Easily Led _____

Easy Going_____ Assertive_____

Leader_____

Social_____

Alert_____

Shy_____

Strong Willed_____

Sensitive_____

Cheerful _____

Team Worker_____

List any special fears your child may have: (ex. bees).____

_____

Parents Comments:_____

Total Amount Enclosed $ _____

Make check payable to: Rainbow Ridge Farm

Have you filled out and completed:

Signed Liability Forms?_____

Signature section of Tuition Contract ?____

Enclosed Registration Fee?_____

OFFICE USE ONLY:

Disc $ _____

Amt Paid: Ck#: ____ Date Rec'd:

C.C.A.#: _____ Visa___M/C___AMEX___Other_

Paid Online_____

Conf. Sent: _____

Entered: _____

Other:_____

Checked By:_____

Rainbow Ridge Farm EC llc.

2022 Tuition Contract

I agree to pay for my child's 2022 registration fee & tuition for the sessions that I have chosen, according to the payment schedules.

I understand that if Full Tuition & Registration is not received by May 1 st., my child's spot may be given away and I will lose my reservation fee,

unless other arrangements are made with Rainbow Ridge Farm.

I am aware that I am responsible for notifying the office in writing, in the advance of 2 weeks of any schedule change, or I will be held financially responsible for the weeks in question.

Enclosed is my $100.00 per session, non-refundable Deposit to hold my Registration choices. All Handbook forms must Be completed to be processed.

I have read, understand, and agree to the payment policies and Procedures of Rainbow Ridge Farm As expressed in the Information and Registration Handbook.

Date_____

_____

(Signature of Parent/Guardian paying tuition)

Emergency Contact Form

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.1248]/b). 3270.181 & 182; 3280.124 (a/b). 3200.181 & 182; 3390.124 (2)(b). $290,181 & 182

Child’sName_____

BIRTHDATE_____

ADDRESS_____

MOTHER'S NAME_____

LEGAL GUARDIAN_____

HOME TELEPHONE NUMBER_____

ADDRESS_____

Employer’s Name_____

BUSINESS TELEPHONE NUMBER_____

FATHER'S NAME_____

LEGAL GUARDIAN_____

HOME TELEPHONE NUMBER_____

ADDRESS_____

Employer’s Name_____

BUSINESS TELEPHONE NUMBER_____

ADDRESS_____

EMERGENCY CONTACT PERSON(S)

NAME_____

TELEPHONE NUMBER WHEN CHILD IS IN CARE_____

PERSON(S) TO WHOM CHILD MAY BE RELEASED

NAME_____

ADDRESS_____

TELEPHONE NUMBER WHEN CHILD IS IN CARE_____

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE

PROVIDER_____

TELEPHONE
NUMBER_____

ADDRESS_____

SPECIAL DISABILITIES (IF
ANY)_____

ALLERGIES (INCLUDING MEDICATION
REACTION)_____

MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY
SITUATION_____

MEDICATION, SPECIAL
CONDITIONS_____

ADDITIONAL INFORMATION ON SPECIAL NEEDS OF
CHILD_____

HEALTH INSURANCE COVERAGE FOR CHILD OF MEDICAL ASSISTANCE
BENEFITS POLICY NUMBER
(REQUIRED)_____

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE
PARENTAL CONSENT OBTAINING EMERGENCY MEDICAL
CARE_____

ADMIN. OF MINOR FIRST - AID PROCEDURES

WALKS AND TRIPS_____

SWIMMING_____

TRANSPORTATION BY THE FACILITY_____

WADING_____

PERIODIC REVIEW_____

SIGNATURE OF PARENT or
GUARDIAN_____

DATE_____

SIGNATURE OF PARENT or
GUARDIAN_____

DATE_____

Rainbow Ridge Farm Equestrian Center llc

4841 Applebutter Road Pipersville, PA 18947

215-766-9356

2022 Permission Sheet for Swimming at Rainbow Ridge Farm

(Child's name)_____

has my permission to take part in swimming and water activities supervised by Rainbow Ridge Farm Staff.

Parent Signature_____

Date_____

Current swimming ability:

Beginner____ Intermediate___ Advanced___

Rainbow Ridge Farm Equestrian Center llc

EQUESTRIAN INFORMATION

AND PERMISSION

ALL ADULT RIDERS OVER 18. OR CHILD'S PARENT OR GUARDIAN MUST READ THE

FOLLOWING CAREFULLY.

PROTECTIVE ATTRE

1. I am hereby advised to wear an approved by ASTM or SEI well fitted riding helmet with a harness strap fastened securely under the chin.. If you do not own one, one will be provided for you.

2. I am hereby advised to always wear hard-soled fully enclosed shoes or boots with a small heel. Long pants must also be worn while riding.

3. I am hereby advised that gloves should be worn during riding, but are not a requirement.

THE HORSE

I am advised that horses are unpredictable by nature, with minds of their own, as are all animals. Horses may become frightened and/or nervous from loud noises or something they have never seen before, just as a human would react. This is to advise the rider not to make loud noises or sudden movements around the horse.

I have read and do understand the above concerning correct attire and the nature of the horse.

Signed:

Date_____

Parent/Guardian for:_____

4841 Applebutter Rd. Pipersville, PA 18947

EQUESTRIAN PARTICIPANTS ONLY: RIDING INSTRUCTION AGREEMENT/LIABILITY RELEASE:

By this agreement, made and entered this day_____
_____

by and between (parent) _____

_____, who resides at herein referred to a "I" and Rainbow Ridge Farm EC llc., Pipersville, Pennsylvania 18947 hereinafter referred to as This Stable.

IT IS HEREBY AGREED TO AS FOLLOWS: 1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student at This Stable, and that student will ride a school horse provided by This Stable for instructional purpose.

2. That a parent or guardian and student understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, or rear up in front, or bite; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance be generally from 3 1/2 to 5 1/2 feet. I understand these risks, and voluntarily assume these risks and dangers.

3. That parent or guardian and student understand that upon mounting the horse and taking up the reins the student is in primary control of the horse and that This Stable is not responsible for the results of the student's actions or inactions. The student further agrees to not abuse, misuse, or deliberately agitate the horse as these actions may result in increased risk to himself and others.

4. LIABILITY RELEASE: That I understand that except in the event of This Stable's wanton and willful negligence, I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on This Stable's premises and/or trail and or riding a horse, and/or while transit in to or at horse shows, trail rides, or similar expeditions, and for any time I or

my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage; and that I hereby, for myself, my heirs, administrators and assigns release and discharge the owners, operators and sponsors of This Stable and their respective servants, agents, officers and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property.

5. That this agreement is entered into in the state of Pennsylvania and will be interpreted and enforced under the laws of that state.

6. Upon the signing of the agreement, student acknowledges that he/she has read and agrees to be bound to This Stable's rules incorporated herein by this reference.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.

FULL NAME OF STUDENT RIDER WHO IS UNDER AGE OR GUARDIANSHIP:_____

AGE:_____

PARENT/GUARDIAN_____

DATE: _____,

RAINBOW RIDGE FARM EC llc

(215) 766-9356

4841 Applebutter Road Pipersville, PA 18947

Photo Consent Form:

I hereby grant Rainbow Ridge Farm EC llc./Rainbow Ridge Farm CRC, Inc. permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Rainbow Ridge Farm EC llc./Rainbow Ridge Farm CRC, Inc. and will not be returned. I hereby irrevocably authorize Rainbow Ridge Farm EC llc./Rainbow Ridge Farm CRC, Inc. to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Rainbow Ridge Farm EC llc./Rainbow Ridge Farm CRC, Inc. programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Rainbow Ridge Farm EC llc./Rainbow Ridge Farm CRC, Inc. from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)_____

(Printed Name)_____

(Date)_____

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

_____, named above, do

I hereby certify that I am the parent or guardian of hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)_____

(Parent/Guardian's Printed Name)_____

(Date)_____