



Morning Star Farm www.mstarfarm.com

489 Route 94, Fredon, N.J. 07860 (973) 579-1226

Registration Form : 2010

RIDER INFORMATION

Name: _____ Rider's age: _____
 Address: _____ School: _____
 City: _____ Grade Level: _____
 State&Zip: _____ HOME TELE. # () _____

EMERGENCY CONTACT INFORMATION

PARENTS NAME: _____ Mom's Cell Phone: _____
 MOM: _____ Daytime Phone: () _____
 DAD: _____ Daytime Phone: () _____
 DAD's CELL or Guardian: _____ Daytime Phone: () _____

CHILD'S PHYSICIAN: _____

ANY KNOWN ALLERGIES: _____

Briefly Describe Rider's Horse Experience (if any), circle one: **English** or **Western**

Describe any special needs child may have:

How were you referred to us? (check one) Current Student _____
 Referred By A Friend> _____ (Friend's Name Optional) _____ <Google> _____
 <Yellow Pages> _____ < Drive By > _____ <YouTube> _____ <Yahoo Search> _____

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES PURSUANT TO P.L.1997,C 287, C: 5:15-1 ET SEQ.

****I give permission for my child to have Pictures taken and put on the MSF website.**

Medical Release: In case of an emergency, I hereby give Morning Star Farm, its owners and it's employees the right to contact a Medical Doctor or Arrange for Emergency Medical Care if deemed necessary.

Signed: _____ Date: _____

PARENT OR GUARDIAN

Weeks Available. (CIRCLE DESIRED WEEK OR WEEKS & note individual days)

June 21 - 25	July 5- 9	August 2- 6
June 28-July 2nd	July 12 - 16	August 9 - 13
	July 19 - 23	August 16 - 20
	July 26- 30	August 23 - 27

Form MUST be accompanied by \$100.00 Deposit – Per Week, Per Child

****Balance due on first day of Camp.** We Now accept:



Don't Forget to Check Out Our Website: www.mstarfarm.com

Circle Desired Week or Weeks

Half Day or Full Day