



# VICTORY STABLES, INC.



## 2017 After School Horse Club Registration

**\*\* Each registration form must be fully completed \*\***

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PARENT E-MAIL: \_\_\_\_\_

Are you a current student of Victory Stables? \_\_\_\_\_

Please briefly list your riding experience:

**Full 4-week After School Horse Camp session cost is \$99.00 pre-paid**

Amount Enclosed \$ \_\_\_\_\_

Payment Type: check \_\_\_ cash \_\_\_

*Make checks payable to:*

Victory Stables, Inc.

1176 West St., Stoughton, MA 02072

Please enclose a current immunization record from your child's physician. We cannot accept your registration without it!

***SORRY, NO REFUNDS!!***

**Horse Club meets on Wednesdays from 4-5 pm**

Session 1: April 5, 12, 19, 26

Session 2: May 3, 10, 17, 24

Session 3: May 31, June 7, 14, 21

# VICTORY STABLES, INC.

## \* HEALTH FORM \*

(Please complete entire document)

PARTICIPANTS NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME PHONE # (\_\_\_\_) \_\_\_\_-\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_-\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_-\_\_\_\_

*Valid health insurance is required to participate in any and all riding, horse related activities offered by Victory Stables, Inc., absolutely no exceptions.*

HEALTH INSURANCE \_\_\_\_\_

POLICY # \_\_\_\_\_

Please describe your health plan notification procedure:

\_\_\_\_\_

Please list any complications and/or ailments the participant is subject to:

\_\_\_\_\_

Please list all allergies: \_\_\_\_\_

Please list all medications taken: \_\_\_\_\_

Date of last tetanus toxoid: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please provide 3 emergency contacts:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

I give permission for medical treatment that may be required by my child and assume all responsibilities for expenses incurred.

PARENT/GUARDIAN: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please read this document carefully & do not sign unless you fully understand!

VICTORY STABLES, INC.  
Stoughton, MA 02072  
**\*\*Release of Liability\*\***

I understand that horseback riding and all activities related to horses/ponies can be dangerous!!

I understand that June Anne Gillis, June Anne Gillis Ahern, Scott Ahern, Victory Stables, their principals, servants, agents, and employees do not insure against all of the possible risks of injury and loss connected with horse/riding related activities.

I understand that injuries can occur due to my own negligence, negligence of others, or through no fault of anyone because of the unpredictable nature of horses/ponies.

I hereby voluntarily assume any and all risk of injury or death while upon the premises of Victory Stables or anywhere that contact is involved.

I voluntarily release June Anne Gillis/Ahern, her family, Victory Stables, their principals, servants, agents, and employees for any accident, loss, damage, injury or death occurring to myself, my minor or legal aged child, my horse or any of my property while in or on the premises or away from the premises.

I agree to indemnify and hold harmless June Anne Gillis/Ahern, her family, Victory Stables, their principals, servants, and agents and assign on account of any such claim.

By signing this release I understand that I am giving up, waving and releasing any and all right that I may have to sue or pursue court action against June Anne Gillis/Ahern, her family, Victory Stables, their principals, servants, or employees, **at all times subsequent to the execution of this Release of Liability, whether during lessons, camp, horse shows or any time thereafter.**

\*\*\*\*\*VALID HEALTH INSURANCE IS REQUIRED BY ALL PARTICIPANTS\*\*\*\*\*

**~ WARNING ~**

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities pursuant to Chapter 28, Section 2D of the General Laws.

I fully understand the consequences of this release, and I am signing the same knowingly and voluntarily.

Executed as a sealed instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Student: \_\_\_\_\_ Print name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_, (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Witness: \_\_\_\_\_