



VICTORY STABLES, INC.



2017 Summer Programs 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? _____

****If not, you must take at least one "evaluation lesson" to assist us in making horse assignments (payment due with registration; Cost: \$50 - 1/2 hour private or \$80 – 45 min private)****

Please briefly list your riding experience:

Please list all sessions (by #) for which you are registering: _____, _____, _____, _____, _____, _____, _____.

All balances are due by June 1, 2017. All sessions selected/added after that time must be paid in full.

Don't forget to include a \$125, non-refundable deposit for each desired session.

Number of sessions selected:		
First session selected:	_____	x \$450 = \$ _____
Additional sessions selected:	_____	x \$395 = \$ _____
Evaluation Lesson (circle one)	1/2 hr (\$50) 3/4 hr (\$80)	Lesson = \$ _____
Board per horse for _____ days.		x \$30 = \$ _____
Subtotal:		\$ _____
5% discount for payment in full on or before March 1, 2017:		- \$ _____
Total Due:		\$ _____
Number of Session Deposits enclosed:	_____	x \$125 = \$ _____
<i>(check session dates carefully)</i>		
All balances due less deposits by June 1, 2017:		\$ _____

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

Make checks payable to: Victory Stables, Inc., 1176 West St., Stoughton, MA 02072.

Sorry, no refunds!!



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The following is a questionnaire that we will use to help coordinate our summer program activities. Please answer the questions carefully. Thank you.

HORSE CARE RELATED:

Please put a check next to every topic you need to learn or would like more practice doing.
Put a star next to the things you already know about, but enjoy doing!

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Hoof picking | <input type="checkbox"/> Basic Vet Care |
| <input type="checkbox"/> Haltering | <input type="checkbox"/> Tacking up | <input type="checkbox"/> Braiding |
| <input type="checkbox"/> Leading | <input type="checkbox"/> Untacking | <input type="checkbox"/> Mane Pulling |
| <input type="checkbox"/> Stall cleaning | <input type="checkbox"/> Tack Care | <input type="checkbox"/> Clipping |
| <input type="checkbox"/> Watering | <input type="checkbox"/> Horse Parts | <input type="checkbox"/> Leg Wrapping |
| <input type="checkbox"/> Safety ties | <input type="checkbox"/> Horse Colors | <input type="checkbox"/> Trailering |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Horse Breeds | <input type="checkbox"/> Lunging |

Please list any other things you would like to learn:

RIDING RELATED: *Please # the following riding activities 1-10 in order of interest (1=Best)*

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Equitation | <input type="checkbox"/> Groundpoles | <input type="checkbox"/> Riding to Music |
| <input type="checkbox"/> Dressage | <input type="checkbox"/> Bareback | <i>Music Choices:</i> |
| <input type="checkbox"/> Jumping | <input type="checkbox"/> Western | _____ |
| (how high? _____) | <input type="checkbox"/> Jump Course | _____ |
| <input type="checkbox"/> Trail riding | <input type="checkbox"/> Games | |

Other riding suggestions: _____

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: _____