

GOOROMON PARK HORSE RIDING CENTRE

SAFE, FUN, QUALITY RIDING INSTRUCTION

PH 62302230

REGISTRATION & CLIENT DISCLAIMER

- Jumping, ground work, dressage, games, and paddock show workouts) To be fully completed by the client and returned to reception before riding commences.

m \$450

	C	OST: - 1 Da	ay Program	1 \$150 4 I	DAY Progra	
	<mark>erest of your child, please fill in</mark> L DETAILS: (rider's details)	n all section	of this forn	<mark>n</mark> .		
Date of Bi	<u>rth/ Age</u> Sex F	М				
<u>Childs Sur</u>	<u>name</u>	<u>Childs Given Names</u>				
Residentia	al Address	Postcode				
PARENTS	EMAIL ADDRESS:					
Telephone(H):		ile:	Work:			
2 nd EMER	GENCY CONTACT: Please provide	de Emergene	cy contact n	umbers (no	t listed abo	
NameAddress						
Telephone (I	H) Mobile	Wo	rk	Relation	ship	
PROGRAM I	DATES: Please mark the programme an	d day you are	enrolling for			
	APRIL SCHOOL	HOLIDAY - Wee	ek 1 3 – 6 Ju	ly 2017		
	9am – 4pm	Please Circle				
	One Day Absolute Beginners Program (No Experience Required)	Mon 3 July	Tues 4 July	Wed 5 July	Thu 6 July	
	Four Day Absolute Beginner Program (No Experience Required)	Mon 3 July	Tues 4 July	Wed 5 July	Thu 6 July	
	Four Day GP Beginner Program (Must have attended GP School Holiday Programs or ridden before)	Mon 3 July	Tues 4 July	Wed 5 July	Thu 6 July	
	Four day Intermediate Program (Versatile Horse and Rider Program – Jumping, ground work, dressage, games, and paddock show workouts)	Mon 3 July	Tues 4 July	Wed 5 July	Thu 6 July	
	APRIL SCHOOL HOLIDAY - Week 2 10 - 13 July 2017					
	9am – 4pm	Please Circle				
	One Day Absolute Beginners Program (No Experience Required)	Mon 10 July	Tues 11 July	Wed 12 July	Thu 13 July	
	Four Day Absolute Beginner Program (No Experience Required)	Mon 10 July	Tues 11 July	Wed 12 July	Thu 13 July	
	Four Day GP Beginner Program (Must have attended GP School Holiday Programs or ridden before)	Mon 10 July	Tues 11 July	Wed 12 July	Thu 13 July	
	Four day Intermediate Program (Versatile Horse and Rider Program	Mon 10 July	Tues 11 July	Wed 12 July	Thu 13 July	

DISCLAIMER & ACKNOWLEDGEMENT

MEDICAL/DISABILITY/BEHAVIOURAL CONDITIONS: Please disclose all medical and behavioural conditions, as it is of the utmost importance that our staff totally understands those in their care. NO

YES

If YES please explain in detail on the back of the form:

Parent/Guardian of the above named attending Gooromon Park Horse Riding Centre acknowledge that I understand that while all precautions are taken to ensure the safety of those attending the Centre and while every care will be exercised, the proprietors and their employees and agents are not liable in any way for any accident or damage which may occur or happen from any cause whatever and the above named person whether participating in any of the activities of Gooromon Park or not, will do so only at my/his/her OWN RISK.

On this basis the Signatory/Parent/Guardian/ by signing this form, agrees to indemnify the proprietors and their employees and agents against any claim or demand whatsoever made for or on behalf of the above named person or in respect of any horse or property owned or used by the above named person.

I confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware that Horse Riding is a Dangerous Activity and consent to my/him/her participating in all activities at Gooromon Park, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen. Parent/quardian consent is required for under 18 year old participants.

*FOUR DAY PROGRAM: A Non Refundable Deposit of \$100 is required at the time of booking, with the remainder to be paid one week before commencing. *ONE DAY PROGRAM: Full payment at the time of booking

CANCELLATION/REFUND POLICY: Booking Fee: - NON REFUNDABLE. No Refunds: - are given if a child is unable to attend due to ill health or declines to attend all or part of the holiday program. Cancellations must be made 2 weeks prior to date of commencement. Please read the above before booking or paying for the School Holiday Program

Signature:	Name (print)						
Witness	Name (print)						
CREDIT CARD PAYMENTS: Please charge my:	Visa/Mastercard for \$						
Card No:	Expiry Date/						
Security Number							
Deposit: Four Day School Holiday Program on:							
Payment: One Day School Holiday Program on:							
Full Name on Card	Signature						