



# GOOROMON PARK HORSE RIDING CENTRE

SAFE, FUN, QUALITY RIDING INSTRUCTION PH 62302230

To be fully completed by the client and returned to reception **before riding commences.**

## REGISTRATION & CLIENT DISCLAIMER

SCHOOL HOLIDAY PROGRAM – JULY 2019

COST: 1 DAY PROGRAM \$165 4 DAY PROGRAM \$465

**RIDERS DETAILS:**

In the interest of your child, please fill in ALL sections of this form.

Date of Birth: ...../...../20.....

Age: .....

CHILDS GIVEN NAME: .....

CHILDS SURNAME .....

**PARENTS EMAIL ADDRESS:** .....

PARENTS/GUARDIAN NAME: .....

PARENTS: Mobile: ..... Work: ..... Home: .....

**PARENT/GUARDIAN TWO: EMERGENCY CONTACT:**

Please provide another Emergency contact numbers (not listed above)

FULL Name:

Relationship: Mum, Dad, Grandparent, Friend.

Mobile: ..... Work: ..... Home: .....

Programs:	Week 1	Week2
Week starting Dates:	8 <sup>th</sup> JULY	15 <sup>th</sup> JULY
<b>1 Day Absolute Beginners</b>	Monday	Monday
(No Experience Required)	Tuesday	Tuesday
	Wed	Wed
	Thursday	Thursday

Programs:	Week 1	Week 2
Week starting Dates:	8 <sup>th</sup> JULY	15 <sup>th</sup> JULY
<b>4 Day Absolute Beginner Program</b>		
(No Experience Required)		
<b>4 Day GP Beginner Program</b>		
(Experience Required)		
<b>4 Day Int/Adv Rider Program</b>		
(Experience Required)		

**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 I 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/guardian consent is required for under 18 year old participants.**

**CANCELLATION/REFUND POLICY:** Booking Fees and One Day SHP: - **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) ..... Date: .....

Witness .....

Name (print) ..... Date: .....



## AUTHORISATIONS

- I understand that participating in physical activity for my child carries a risk and I accept all responsibility for that risk. YES/NO
- I have ambulance cover. YES/NO
- I authorise Gooromon Park Staff to obtain, at my cost, medical or ambulance assistance in the case of an accident or emergency. YES/NO
- I agree that Gooromon Park accepts no liability, financial or otherwise, for any injuries or accidents that occur during this program. YES/NO
- I understand that if my child fails to behave in a manner that is safe, polite and social, they could be suspended from an activity or sent home. YES/NO
- I will not bring my child to School Holiday Program if they are at risk of passing on an Infectious disease or are experiencing vomiting and diarrhoea. YES/NO
- I give permission for Gooromon Park staff to advise or to apply sunscreen and/or insect repellent. YES/NO
- I give permission for Gooromon Park staff to administer First Aid if required, to give Panadol or Nurofen, anti-histamines, ( parents/guardian will be contacted), to apply antiseptics and band aids. YES/NO
- I .....Consent to Gooromon Park Staff photographing YES/NO  
or videoing ..... During their time at the Gooromon Park  
for promotional purposes.

## GOOROMON PARK MOBILE PHONE POLICY:

- Mobile phone are not allowed to be used or carried by Holiday Program Participants at Gooromon Park. If Phones are brought to Gooromon Park they are to remain in the child's bag and not be used during the day. YES/NO
- I understand that if my child uses a mobile phone in an unsafe, anti-social way it will be confiscated by Gooromon Park staff and only returned at the end of the day. YES/NO

Parent/Guardian Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Witness: \_\_\_\_\_ Print Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return your forms to Gooromon Park via EMAIL or bring them on the day.  
Without these forms your child will not be able to participate.  
[Info@gooromonpark.com.au](mailto:Info@gooromonpark.com.au)

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 \_\_\_\_\_