

Registration Form

Contact Information



NAME:		HEALTH CARD #:	
CELL/PHONE:		Date of Birth:	
EMAIL:	Information and updates will be sent to all emails provided		
ADDRESS:			
ALLERGIES / SPECIAL NEEDS:	Please elaborate on important information regarding disability, special needs, chronic illness, medications, allergies, or physical/emotional limitations that would be relevant around horses, riding and/or in case of a medical emergency		
PARENT/GUARDIAN OR ALTERNATE CONTACT:		PARENT/GUARDIAN OR ALTERNATE CONTACT:	
CELL/PHONE:		CELL/PHONE:	
EMAIL:		EMAIL:	
PROGRAM:	☐ Lessons	☐ Equine Exposure	☐ Camps ☐ Other:

Payee Information (if different from above)

An alternate payee must be provided with consent. If left blank, the alternate contact above will be contacted regarding any accounts left unpaid by the primary payee.

PRIMARY PAYEE:		ALTERNATE PAYEE:	
CELL/PHONE:		CELL/PHONE:	
EMAIL:		EMAIL:	
ADDRESS:		Please include Alternate payee on all	☐

Photo Release

- ☐ Yes, I consent to the use of my/my child/ward's image to be posted on social media and/or used for marketing material for the Bridle Path Equestrian Centre.
- ☐ No Thank-you, I Do not Consent to the use of my/my child/ward's image to be posted on social media and/or used for marketing material for the Bridle Path Equestrian Centre.

The undersigned agrees that he/she will not hold the *Bridle Path* and its owners, staff, board of directors or members responsible for any injury, disability or accident to self or their children/wards while on the property or premises. The undersigned acknowledges that they/above minor are responsible for their conduct and activities while on the Bridle Path premises, and that they are subject to all rules, regulations and requests by the owners, managers, and staff members. The undersigned further acknowledges that animal management, handling and any related activity can be dangerous, and that injury, disability or death may occur as a result of this activity.

Signature (parent/guardian must sign for riders under 18 year)

Date