

**Complete this form and submit via mail or Program Coordinator:** Questions? Call 757- 421-4177  
**Mail:** Triple R Ranch 3531 Bunch Walnuts Rd, Chesapeake, VA 23322

## Triple R Special Equestrians Registration

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Birthdate \_\_\_/\_\_\_/\_\_\_ Parent's Name(s) \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Have you ridden with Triple R Special Equestrians before? \_\_\_ Yes \_\_\_ No  
If so, when \_\_\_\_\_

My preferred time is: 6PM 7PM (circle one)  
*I understand that I may not be guaranteed my preferred time and will work with the Program Coordinator in case of conflict.*

### **Payment information**

The Special Equestrian Program requires a **\$50 deposit** in order to reserve a space. This deposit must be paid at least one month prior to the start of the riding session.

The deposit is deducted from the total cost. Total cost of all lessons is \$150.00. Balance of \$100 is due no later than second lesson.

- Check enclosed
- Please charge to my  Visa  MasterCard  Discover
- Amount to be charged \$ \_\_\_\_\_  
Card # \_\_\_\_\_ Exp. \_\_\_/\_\_\_/\_\_\_ CSV# \_\_\_\_\_

**Medical & Liability Release** I understand and am aware that my child or I will be participating in physical activities and that the potential for accidents does exist. In consideration of acceptance to Triple R Ranch horsemanship lessons I indemnify and hold harmless Triple R Ranch, its agents, associates, staff, and board of directors from any and all liability, claims, damages, injury, or illness sustained by me or my child. I also agree that Triple R Ranch may photograph and/or record video of me and/or my child for use in promotional materials. In the event I am unavailable at the time, I hereby give my permission to transport my child, as well as permission to the attending physician to perform any emergency medical care as may be necessary. I acknowledge full responsibility for all medical bills. All paperwork specifically for the Special Equestrian Program has been submitted to the Program Coordinator and is up-to-date and will be renewed every three (3) years.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_