

Strong Tower Ranch

Christian Children's Ministry
600 Sunshine Lane, Wright City, MO 63390 www.strongtowerranch.org

Horsemanship Registration Form

(Please print clearly and complete form in its entirety)

Participant's Name: _____ No. of Sessions Previously Attended: _____

Date of Birth: _____ Age (if under 21): _____ Sex: M F County _____

Name of Parent (s) or Guardian (s) participant is living with: Miss Mrs. Dr. Mr. Pastor

Parental information must be completed if participant is a minor.

Father's Name: _____ Mother's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Emergency: _____ Cell: _____ E-mail Address: _____

Church Attended (if any): _____ Denomination: _____

(Baptist, Presbyterian, Methodist, Catholic, E-Free, Etc)

Medical Release: I certify that the participant has permission to attend class or camp, and further give consent for medical treatment for participant in the event that a need for immediate medical attention arises. If such need arises, I agree to the release of any records necessary for treatment, referral, billing, and insurance purposes, and give permission for staff to inform the necessary parties of participant's medical condition, including, but not limited to, food or other allergies, asthma, seizures, or medication, for attending to participant's medical needs. Strong Tower Ranch carries secondary insurance; all claims must be submitted to the participant's insurance carriers first. I understand that some activities are inherently risky, and take responsibility for participant's participation in any of Strong Tower Ranch program areas, and indemnify, release, and discharge Strong Tower Ranch and its directors, officers, and staff from liability and all costs arising from participant's participation in class or camp activities. I understand under Missouri 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 the Revised Statutes of Missouri, (Missouri Revised Statutes, Section 537.325). I also give permission in the event that the participant's picture or testimony is used in the promotion of Strong Tower Ranch activities.

Allergies / Restrictions

Signature: _____ Date: _____

Parent or legal guardian must sign if participant is a minor.

Make check payable to: CCM with "Horsemanship" on the memo line.

<u>HORSEMANSHIP CLASS</u>	<u>HORSEMANSHIP CAMP</u>	<u>PRICING DETAILS</u>	<u>FOR OFFICE USE ONLY</u>
Cost \$100 per 4 lesson session <input type="checkbox"/> Group. <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private. <input type="checkbox"/> Ages 10 to adult <input type="checkbox"/> Ages 7 to 9 <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. Start date: _____	<input type="checkbox"/> Level One Cost \$200* <input type="checkbox"/> Level Two Cost \$225* Start date: _____ *A non-refundable registration deposit of \$50 must be included with the registration form (this deposit is applied to your camp fee). Balance to be paid first day of camp.	<i>Please fill out the following</i> Class cost: \$ _____ Camp cost: \$ _____ CHA Manual (\$15.00) \$ _____ Total Cost: \$ _____ Deposit \$ _____ Balance Due: \$ _____	Total Costs \$ _____ Deposit \$ _____ Balance Due \$ _____ New Balance \$ _____ Payment Made \$ _____ New Balance \$ _____ Date on Check _____ Check # _____ Date on Check _____ Check # _____