

SHORT ACRES



FARM

SHORT ACRES FARM, LLC

20609 NE 164th Street – Brush Prairie -WA – 98606 – (360) 514-0780

www.shortacresfarm.com

FARM KIDS REGISTRATION FORM

Child's name: Last	First	Middle	Nickname (if any)	Birthdate
Child's parent/guardian		Cell Number		Home Number
Street address			City	Zip Code
Address where you can be reached while child is in care			City	Zip Code
Child's parent/guardian		Cell Number		Home Number
Street address			City	Zip Code
Address where you can be reached while child is in care			City	Zip Code

Other than you, who else has permission to pick up your child?

Name	Relationship	Address	Telephone number
			Home: Cell:
			Home: Cell:
			Home: Cell:

In case of an emergency, I give permission for any of the individuals listed above to be contacted and my child may be released to any of them.

Parent/Guardian signature: _____

Child's Health Information			
Date of last physical exam	Child's healthcare provider	Phone Number	
Street address		City	Zip Code
Special health problems? If yes, specify.	Allergies? (include drug reactions)		
Regular medication?	Other important information?		
Child's dentist name		Phone Number	
Street address		City	Zip Code

Contact to medical care and treatment of minor children			
<p>I give permission that my child _____, may be given first aid emergency treatment by a child care licensee and/or qualified staff at:</p> <p>Name of Licensee: _____</p> <p>Address of Licensee: _____</p>			
Parent/guardian signature	Date	Parent/guardian signature	Date
<p>When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my rights of informed consent to such treatment.</p> <p>I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the law of the State of Washington that this information is true and correct.</p>			
Parent/guardian signature	Date	Parent/guardian signature	Date

HOLD HARMLESS, INDEMNIFICATION, AND RELEASE

I, the undersigned, hereby acknowledge that I have voluntarily applied to engage in an activity of horseback riding with Short Acres Farm, LLC either for myself or on behalf of a minor. I understand that the activity of horseback riding involves numerous inherent risks of injury that are an integral part of such an activity. I assume full responsibility for all such risks, including loss of control, collisions, and obstacles, whether they are obvious or not obvious. I/we further understand that an animal, irrespective of its training and usual past behavior and characteristics may act or react unexpectedly or unpredictably at times, and I also assume such risks. I, on my behalf, and behalf of any person authorized by me to ride, assume the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider, and spectator. In consideration for the privilege of riding and or working around horses at Short Acres Farm, I hereby agree to hold harmless and indemnify Short Acres Farm, LLC. I further release Short Acres Farm, LLC for any liability or responsibility for accident, injury, damage or illness to myself or persons authorized by me to ride, or any person(s) accompanying me on the premises.

My student may be photographed, and his/her picture can be used for marketing or promotional purposes if needed.

I would like to receive notification for upcoming events or promotions related to Life Ride at Short Acres

Billing/Payment Policy

Lessons, leasing and board are billed on a monthly basis. Payments should be remitted the FIRST of each month. Failure to pay on time for any two or more months may result in removal from the lesson program. Please remember your riding lesson is like any other appointment - it is being held for you and the lesson fee cannot be credited. Make-up lessons are at the discretion of the instructor. We recognize that student and family lives change and so do their scheduling needs. Should you need to change your lesson schedule, please email us and we will do our best to find an alternative placement. Our schedules often run at full capacity, so please understand that you may be placed on a waiting list or need to find another student who can fill/swap in the interim. In the event you need to cancel lessons during the season, you will be billed only for the final month's lessons; credits will not be given for partial months.