

# Blue Skies of Maplevue LLC

## Camp or Lesson registration

Preferred Session \_\_\_\_\_ Lesson \_\_\_\_\_

Name of Rider \_\_\_\_\_ Gender  M  F

Current Age of Student \_\_\_\_\_ Birth date \_\_\_\_\_

Parents' names if under 18 \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers (home) \_\_\_\_\_

Emergency Numbers (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

Health Insurance Carrier (required) \_\_\_\_\_

Name and Number of Insured \_\_\_\_\_

Riding Experience \_\_\_\_\_  
\_\_\_\_\_

Allergies particularly bees, wasps, food, poison ivy

\_\_\_\_\_  
\_\_\_\_\_

You are responsible for providing any needed remedies or medicines which you must be able to self-administer.

Special Concerns or diet \_\_\_\_\_

**Experience:**

Local Barn: name \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_

Horse Camp: name \_\_\_\_\_ weeks \_\_\_\_\_

**Skills:**

Tried	Needs work	Can do	Don't know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trot
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posting Trot
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jump
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trail Ride
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadline

In the event of an accident or injury, I hereby grant permission for Deborah Pearson-Moyers or her assigns to treat it by the following methods: Please choose only ONE option.

- Only wash with soap and water or apply ice.
- Wash with soap and water or apply ice AND administer homeopathic remedies

I understand that any photographs or videos taken during Blues Skies activities may be used without personally identifying information in advertising or website materials.

In the event of a serious accident or injury every effort will be made to contact you by the emergency phone numbers. Please be sure that you can be reached by telephone at all times. Thank you.

\_\_\_\_\_

(sign) (date) (print name)

**Instructions:**

Print out this form as well as the liability release, fill in all blanks and mail to:  
Blue Skies of Mapleview LLC  
3609 Pasture Road  
Hillsborough, NC 27278

Questions? Call 933-1444