

ENROLLMENT ALUMNI SCHOOLING CAMP

636-677-7771/ suzyd6722@att.net

Mail one form for each (child – adult) camper with your pmt. to:

ROCKING J RANCH;6722 BRIDLE TRAIL; HIGH RIDGE, MO. 63049

NAME: _____ AGE: _____

EMAIL: _____ CELL(S): _____

PARENT(S) _____

ADDRESS & ZIP: _____ (_____)

OTHER CONTACT:
& OR OTHER IMPORTANT INFO: _____

CAMP DATE(S): _____

_____ (\$500/EA.); + _____ = _____

CHECK # _____ PAID _____ - _____

Total Due on 1st Day. NO Sales Tax _____

I agree that horseback riding activities **can pose a risk to my child. I fully assume this risk myself** and will not bring suit against the Ranch LLC , or it agents, volunteers, or staff, or the owner of the ground, due to any injury, accident or death of my child or myself. I have insurance for what My child needs .
If I can not be reached in event my child Should need be transported (life/death)

Please send the child to: _____ hospital.

If not life/death, I will transport my child myself when I arrive.

I understand there may be pictures of my child on FB on Rocking J page and that is fine or on the website Or a future camp email it is ok to do this.

Date _____

X

Signature **Parent(Guardian)**

