



Erin Longworth Performances Horses
25 Bernier Rd, Milton, VT 05468
802-363-7644
www.ErinLongworthVT.com

Application Form For After School Program

Child Information:

Name _____ Age _____

Address _____ City _____ Zip _____

Parent/Guardian Information:

Parent's Name _____

Email address: _____

Telephone:

Home: _____

Work: _____

Cell: _____

Name of 2 people to be called in case of emergency:

1: _____ Tel: _____

2: _____ Tel: _____

Child Riding History:

Had Lessons: ____ Yes ____ No

How many? _____ Where? _____

Any Allergies or Medical information we need to know:

WEEKS DESIRED:

Dates: _____

- ◆ ELPH reserves the right to cancel or change any session.
- ◆ Balance is due on the first day

I (PARENT NAME) _____ am aware that riding activities may be HAZARDOUS and I am VOLUNTARILY participating in these activities with knowledge of the DANGER involved and HEREBY ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH (parent initial)_____.

In addition, I HEREBY INDEMNIFY, RELEASE AND DISCHARGE **Erin Longworth Performance Horses** Trust, and the Trustees, Officers, Directors, Employees, and Agents there of, and each of them, from all actions, claims, or demands I, my heirs, distributees, Guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from participation in horseback riding activities.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Rider Name Printed: _____

Date: _____

OFFICE USE ONLY:

Date Received: _____

Date Paid: _____

Payment type: _____