



RR1 Box 48B, Canton MO 63435 • 217-440-1032 • sonvalleyyouthranch@gmail.com

Horsemanship Program Registration Form

(Please print clearly and complete form in its entirety)

Participant's Name: _____ Current Year: _____
 Gender: M F Age: _____ Date of Birth: _____ Cell Phone (if have one): _____
 Parent or Guardian (if minor): _____ Relationship: _____
 Address: _____ City: _____
 State: _____ Zip: _____ County: _____
 Home Phone: _____ Cell Phone: _____
 E-mail Address: _____ It will not be shared with anyone else.
 How do you prefer to be contacted by? Phone Call, Text, or E-mail _____
 Emergency Contact (other than name listed above): _____ Phone: _____
 Church Attended (if any): _____
 Doctor: _____ Phone: _____ Insurance Co. _____ Policy# _____
 Allergies / Restrictions: _____

SVYR Liability Release: I certify that the participant has permission to attend any horsemanship related activity 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. Son Valley Youth 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 Son Valley Youth Ranch program areas, and indemnify, release, and discharge Son Valley Youth Ranch and its directors, officers, and staff from liability and all costs arising from participant's participation in any horsemanship activity. 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 Son Valley Youth Ranch activities.

Signature: _____ Date: _____

Parent or legal guardian must sign if participant is a minor

Make check payable to: Son Valley Youth Ranch with "Horsemanship" on the memo line

HORSEMANSHIP ACTIVITY	Pricing Details	FOR OFFICE USE ONLY
SEEDS: <input type="checkbox"/> 1 st -6 th grades GATES: <input type="checkbox"/> 6 th and up	Program(s) cost \$ _____	Total Costs \$ _____
One/One: <input type="checkbox"/> Sessions	Donation \$ _____	Deposit * \$ _____
Lessons*: <input type="checkbox"/> Group <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private	Total Cost \$ _____	Balance Due \$ _____
Camp*: <input type="checkbox"/> Day Camp		Payment Made \$ _____
Start date: _____		New Balance \$ _____
		Date on Check _____
		Check # _____
		Date on Check _____
		Check # _____

*A non-refundable registration deposit of \$25 must be included with the registration form (this deposit is applied to your fee). Balance is to be paid in full before camp or lesson.