



3531 Bunch Walnuts Road, Chesapeake, VA 23322
Phone: (757)-421-4177 Fax: (757)-421-4179 E-mail: info@triplerranch.org

Horsemanship Registration Form

Last name: _____ First name: _____ Middle: _____ Sex: _____
Birth Date: ____/____/____ Parent Name: _____ Parent Name: _____
Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
E-mail (for confirmation of your registration): _____

Please provide us with some information about your riding history:

Have you ever taken lessons at Triple R Ranch before? Yes No
Have you taken lessons someplace other than Triple R Ranch? Yes No *If yes, we will contact you regarding your prior experience.*

Please select class: (Must be at least 8 years old to take group lessons.)

- Spring Group Session** (8 lessons) – **SATURDAY** (notified of class time by April 24th) - \$280
 - Dates: April 27th – June 15th
 - I am *NOT available at specific time(s) on Saturdays: _____
 - *PLEASE NOTE: We want to be considerate of your schedule and place your rider in the best level that is safe and challenges them.
- Spring Private Session AGES 6 & UP** (8 lessons) – **SATURDAY** (notified of class time by April 24th) - \$400
 - Dates: April 27th – June 15th
- Spring Private Session AGES 3-5** (8 lessons) – **SATURDAY** (notified of class time by April 24th) - \$280
 - Dates: April 27th – June 15th

If you are taking group lessons and plan on missing any dates, please note those here (up to two pro-rated): _____

Payment Information:

All lessons require a \$100 deposit in order to reserve a space. The deposit is deducted from the total cost.

- Check enclosed
- Please charge to my Visa Mastercard Discover American Express

Amount to be charged: \$ _____ Name on Card: _____

Card number: _____ Expiration: ____/____ CSV/CVV: _____

Please see our website for our payment and inclement weather policies: www.triplerranch.org

Medical and Liability Release: I understand and am aware that my child or I will be participating in physical activities and that the potential for accidents does exist. In consideration to Triple R Ranch horsemanship lessons, I indemnify and hold Triple R Ranch, its agents, associates, staff, and board of directors from any and all liability, claims, damages, injury, or illness sustained by my child or me. I also agree that Triple R Ranch may photograph and/or record video of my child and/or me for use in promotional materials. In the event I am unavailable at the time, I hereby give my permission to transport my child, as well as permission to the attending physician to perform any emergency medical care as may be necessary. I acknowledge full responsibility for all medical bills.

Signature of Parent or Legal Guardian: _____ Date: _____

Print Name of Parent or Legal Guardian: _____