



**REGISTRATION FORM  
FOR RESIDENTIAL CAMPS, DAY CAMPS, WORKSHOPS OR CLINICS**

I wish to enrol for .....(activity) on..... (date/s)

Name of Rider.....  
Address:.....  
email:.....Phone.....

Emergency Contact:  
ph:.....Name:.....

Riding Experience.....  
.....  
.....

Please list any allergies, disabilities, medication, etc., or any other information that may be required in case of an accident or emergency,  
.....  
.....

What would you like to achieve from this activity:  
.....  
.....  
.....

Disclaimer of liability  
I understand that horse-riding is a dangerous activity and that Academy Equestrian, its owners, operators and employees accept no liability for any accident or injury to riders or horses, nor any liability for any loss or damage to person or property. The owners, operators and employees of Academy Equestrian in the Hills reserve the right to order any person/horse behaving in a manner deemed liable to cause injury to other riders, horses, or any person or property, to leave the property.

Signed .....  
(parent or guardian to sign if rider is under 18 yo) on ..... (date)

**To enrol, please return this form with full payment to PO Box 61 Herne Hill 6056  
Alternatively, booking forms may be e-mailed to [academyequestrian@westnet.com.au](mailto:academyequestrian@westnet.com.au) –  
together with credit card payment. (If you prefer we can take your credit card payment over the phone)**

Payment enclosed: Cheque for \$\_\_\_\_\_ made payable to Academy Equestrian Claremont or

Credit Card No: \_\_\_\_\_

Exp.date \_\_\_\_\_ Verification No: \_\_\_\_\_ (last three digits on the back of the card)

Signature \_\_\_\_\_ Name on Card \_\_\_\_\_