

Sambea Farm Registration Form

Program Name:

Participant Name:

Date of Birth:

Parent/Guardian Name(s):

Parent/Guardian E-mail:

Participant Mailing Address:

Participant Allergies/Medical Conditions:

Medications Required? Y/N Explain:

Emergency Contact & Phone:

Horse riding experience? Explain.

Goals for this program? Explain.

Waiver Form Completed? Y/N

Medical Release Completed? Y/N

Payment submitted? Y/N Note: Cheque payable to Sambea Farm or E-transfer to: sambeafarm@gmail.com use password "conrad"

Sambea Farm Participant Checklist



- ✓ Snacks, Water bottle
- ✓ Helmet
- ✓ Gloves
- ✓ Paddock Boots, or boots with ½" heel
- ✓ Breeches, tights, or jeans
- ✓ Appropriate outerwear for weather conditions
- ✓ Sunscreen
- ✓ Insect repellent
- ✓ Lip balm with sunscreen

Medical Release Form

I, _____, the parent or legal guardian of _____

residing at [address] _____, born on [mm/dd/yyyy] _____, do hereby consent and allow representatives of Sambea Farms Inc to handle any type of medical care for my child including but not limited to First Aid and care as determined by first responders, or a physician, and any other care recommended or deemed as necessary for the welfare of my child.

Effective from _____, _____ and expires _____, _____.

Signed by: _____

Date: _____