

MCYC HORSE STABLES HORSEBACK RIDING APPLICATION

Parent / Guardian Name(s) _____

Address _____

Home Phone () _____ Cell Phone () _____

Work Phone () _____ Add'l Number() _____

Horseback Riders:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

Emergency Contact:

Name _____ Phone () _____

Cell () _____

Open Riding

Riders _____ x \$20 p/ hour Date of Ride: _____ \$ _____

PAYMENT

Payment Method: CASH VISA MASTERCARD CHECK (Make payable to MCYC)

Card # _____ Expiration Date _____

Name on Card _____

Cardholder's Signature _____

Agreement: I, as a parent or guardian of Above listed riders , understand that MCYC takes reasonable precautions to insure that programs and activities at MCYC are conducted by qualified personnel in a safe and reasonable manner. However, I further understand that these activities involve certain risks and include but are not limited to horseback riding, waterfront, and other sports. I also agree to hereby release, discharge, and agree to indemnify MCYC, its directors, officers, and employees from all liability for damage, injury, or illness to the camper or his/her property relating to or deriving from his presence at MCYC or participation in or travel to or from MCYC activities. I hereby grant permission for MCYC to use any photographs of the camper taken during the camping session in newspapers, brochures, or other media for promotional purposes.

I have read and understand the contents of this application as well as agree to abide by all camp policies and procedures.

SIGNATURE OF PARENT/GUARDIAN

MCYC Horse Stables
820 N. Lake George Rd, Attica, MI 48412