

Rainbow Ranch

***255 Brass Castle Rd.
Oxford, New Jersey 07863***

Dear Parents:

Re: Group Riding Lessons

This is the registration package for the Beginner Riding Program. Please print out, complete, and sign the release and registration forms. Then mail the forms, along with the initial fee, to the address listed above. Upon receipt we will contact you with the start date of the next program.

Group lessons usually are scheduled on Saturdays, and continue for eight weeks. In the event of rain, lessons will be made up on the immediate or following Sunday afternoon, time to be determined (The first two weeks are rain or shine).

On the first day, you will need to bring the following:

- **Two subject notebook for three hole paper.**
- **Two #2 pencils**
- **Three ring binder (doesn't need to be a new one)**

By the third week you will need:

- **An approved riding helmet (an approved bicycle helmet is OK)**
- **Riding boots with a heel and smooth sole(should fit with thick socks on)**
- **Wear long pants with a long sleeve shirt, and long hair should be tied back, but must allow the helmet to fit properly.**

Students must arrive 15 min. prior to each lesson. Parents are welcome to stay in the picnic area during the lesson, if you leave, please return in one hour. Unclaimed children will be fed to the goats!

Happy trails to you and yours,

Joe Capo

GROUP RIDING LESSON REGISTRATION

Child's Name: _____ Age: _____

Parent(s)/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph#: () _____ Work Ph#: () _____

Cell Ph#: () _____ E mail: _____

Date: _____

Lessons are \$20.00 per week, for the eight-week course. Also, \$15.00 for commencement awards. Your total cost is \$175.00. Payable, in three installments. \$65.00 with registration form, and two \$55.00 payments, on the third week, and the sixth week. Please make checks payable to Rainbow Ranch.

Please check off and elaborate on any prior experience below:

Beginner Novice Experienced

Horse camp _____

Lessons _____

Other _____

Rainbow Ranch use only

Start Date _____	Completion Date _____
Reg. Pmt \$ _____	2 nd Pmt \$ _____ 3 rd Pmt \$ _____

PARENT PERMISSION AND RELEASE OF LIABILITY

Child's Name: _____ Date of Birth: _____

SS#: _____ - _____ - _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph#: () _____ W or C Ph#: () _____

Parental Consent:

(I)(We), the undersigned, parent(s) of _____, a Minor, do hereby consent to said Minor participating in _____ conducted by Joseph Capo and Rainbow Ranch.

Authorization of Consent to Treatment of Minor:

(I)(We), the undersigned, parent(s) of _____, a Minor, do hereby authorize Joseph Capo and Rainbow Ranch, hereinafter "Agent", for and on behalf of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital, during all time that the Minor is in the presence of said Agent.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but not given to provide authorization and power on the part of our aforesaid Agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

This authorization shall remain effective through the _____ day of _____, 20____, unless sooner terminated in writing.

Release of _____ : (Print Child's Name here)

_____ (Print Parent's name here) shall indemnify, hold free and harmless, assume liability for, and defend Joe Capo, Rainbow Ranch, its Agents, servants, employees, officers, and directors, from any and all liability for personal injury or property damage and costs and expenses including but not limited to, Attorney's fees, reasonable investigation and discovery costs, court costs, and all other sums for any claim or action founded there on, arising or alleged to have arisen out of any use of the real or personal property belonging to or used by Agent, while Minor is in the presence of Agent.

Parent: _____

Date: _____

Parent: _____

Date: _____

Beginner Riding Program

Lesson Plan

- **Week One – Grooming & Leading**
 - **Parts of a horse**
 - **Safety on the ground**
- **Week Two – Saddling & Bridling**
 - **Western Saddles**
 - **Riding prep x2**
- **Week Three – Mounting & Dismounting**
 - **Equine Terminology**
 - ❖ **Demonstrate communicating**
- **Week Four – Practical Application of Communication**
 - **Horse Facts**
- **Week Five – Backing & Turning**
 - **Horse Tips**
- **Week Six – Sitting the Western Jog**
- **Week Seven* – Putting it all together**
- **Week Eight – Demo & Grad Ceremony**

*** may be repeated**

- **Handouts**