



## Star Hollow Camp Sign-Up Form

### Client Information

Rider: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Allergies: \_\_\_\_\_

**Weekly Fee \$300**

**Monday – Thursday 9am to 12:30 pm**

**Please Send \$50.00 Deposit with Form**

- June 25-28
- July 9-12
- July 23-26
- August 6-9
- August 20-23

**I understand that horse sports may be hazardous and dangerous. I assume any and all risk of loss or injury to myself, my animals and equipment, other animals or persons, and agree to release from liability and to hold harmless Star Hollow Stables, LLC, all horse personnel, and volunteers. "WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L.1997, c.287 (C.5:15-1 et seq)."**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Star Hollow Stables, LLC.**

609\*425\*9055

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Cape May Court House, NJ 08210

[www.starhollowstables.com](http://www.starhollowstables.com)