



2012 Registration Form – Welcome to Linden Hill!

Rider's Name _____ Birthdate: _____

Address _____ Sex: _____ Age: _____

City, State, Zip _____

Email Address: _____

Mother's Name (Circle: Mrs./Ms./Miss./Dr.) _____

Address (If different from above) _____

City, State, Zip _____ E-mail address: _____

Place of Business _____ Occupation _____

Phone _____ Cell Phone _____ Emergency Phone: _____

Father's Name (Circle: Mr. / Dr.) _____

Address (If different from above) _____

City, State, Zip _____ e-mail address: _____

Place of Business _____ Occupation _____

Phone _____ Cell Phone _____ Emergency Phone: _____

Other Payer's Name (Circle: Mr./Mrs./Ms./Miss/Dr.) _____

Address (If different from above) _____

City, State, Zip _____

Place of Business _____ Occupation _____

Phone _____ Cell Phone _____ Emergency Phone: _____

How did you learn about Linden Hill Stables? _____

Are there any special medical conditions that we need to be aware of?

Name of Rider's Physician: _____ Phone: _____

Payment Plan Choice – Check either Payment Plan #1 or Payment Plan #2

_____ Payment Plan #1 (draft/credit card – cheapest) or _____ Payment Plan #2 (pay monthly with fee)

I understand the new Linden Hill Stables Billing Policy and realize that I must notify the office IN WRITING by the 20th of the month to drop myself or my child for the following month.

Signed: Parent of Legal Guardian or Self _____ Date: _____

For Payment Plan #1:

_____ Bank Account – our Preferred method (Please attach a voided check)

_____ Circle: Mastercard/Visa – Name as it appears on the Card _____

Credit Card # _____ Exp. Date _____

Signature: _____ Phone: _____ Date: _____

ACKNOWLEDGEMENT OF BARN SAFETY RULES

Every person who rides and/or observes at Linden Hill Stables is expected to abide by the Barn Safety Rules. YOU are responsible for making sure that all of your guests, children, etc. are aware of and follow the rules as well. By signing this form, you are acknowledging that you have been given a copy of the Linden Hill Stables Barn Safety Rules, which are also posted.

Name: _____ Date: _____

For Office Use Only:

Class: _____ Day: M T W Th F S Su Instructor: _____

Class: _____ Day: M T W Th F S Su Instructor: _____

Class: _____ Day: M T W Th F S Su Instructor: _____

Class: _____ Day: M T W Th F S Su Instructor: _____

Class: _____ Day: M T W Th F S Su Instructor: _____



2012 Emergency Medical information Form and Release Waiver of Liability

Emergency Medical Information and Release, Waiver of Liability

WARNING: Under Missouri Law, an equine professional is not liable for an injury or death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri. (L.1994 S.B. 457)

I agree to, or I agree to allow this child to, participate in activities offered by Linden Hill Stables. I understand that I, or this child, shall abide by all barn rules as a condition of participation. I am aware that equine activities may cause accident or injury as a direct or indirect result of participation. I agree to assume all risks involved in my or in this child's participation in ALL activities at Linden Hill Stables. I further agree to release Linden Hill Stables, its owner Lisa Hillmer, its employees, volunteers and agents from any responsibility should an accident occur.

I hereby authorize Linden Hill Stables to secure medical treatment for _____ (child's name) in any emergency which may occur while she/he is riding or at the barn.

Signed: _____ (Parent of Legal Guardian)

Name of Parent of Legal Guardian signing: _____

Date: _____

Emergency Phone #s: Call First: _____ Call Second: _____

Name of Insurance Company: _____

Insured's Name: _____ Phone: _____

Group #: _____ Policy #: _____