

Complete this form and submit via Fax or Mail: Questions? Call (757) 421-4177

**Fax**  
(757) 421-4179

**Mail**  
Triple R Ranch  
3531 Bunch Walnuts Rd  
Chesapeake, VA 23322

## Registration Form *Must be at least 8 years old to take lessons.*

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Parent's Name(s) \_\_\_\_\_

Home Phone ( ) \_\_\_-\_\_\_\_ Cell Phone ( ) \_\_\_-\_\_\_\_

Work Phone ( ) \_\_\_-\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Have you ever taken lessons at Triple-R Ranch before?  Yes  No

● If so, when \_\_\_\_\_

Have you taken lessons someplace other than Triple-R?  Yes  No

● In what seat? \_\_\_\_\_ ● For how long? \_\_\_\_\_

### **Please Select Class**

Saturday Group Riding Lessons (\$350)

Thursday Group Riding Lessons (\$350) Thursday class time is 4:00-5:30 p.m.

Private Riding Lessons (3-5 yrs old: \$350, 6-up: \$500) Times based on availability

My preferred time is \_\_:\_\_\_ AM PM on (circle a day) T W Th F Sa

**Pay in full by the first day of classes and receive \$25 off total fee**

### **Payment Information**

All lessons require a **\$100 deposit** in order to reserve a space. The deposit is deducted from the total cost. Total cost of all lessons is \$350 - less \$25 if paid in full by first day of class.

Check enclosed

Please charge to my  Visa  Mastercard  Discover

Amount to be charged \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. \_\_\_/\_\_\_ CSV# \_\_\_\_\_

**Medical & Liability Release** I understand and am aware that my child or I will be participating in physical activities and that the potential for accidents does exist. In consideration of acceptance to Triple R Ranch horsemanship lessons I indemnify and hold harmless Triple R Ranch, its agents, associates, staff, and board of directors from any and all liability, claims, damages, injury, or illness sustained by me or my child. I also agree that Triple R Ranch may photograph and/ or record video of me and/or my child for use in promotional materials. In the event I am unavailable at the time, I hereby give my permission to transport my child, as well as permission to the attending physician to perform any emergency medical care as may be necessary. I acknowledge full responsibility for all medical bills.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

Triple-R Ranch, 3531 Bunch Walnuts Rd, Chesapeake, VA 23322