

SUN VALLEY STABLES

APPLICATION FORM

Please complete and return before your first lesson

PUPIL'S FULL NAME _____
DATE OF BIRTH _____
MOTHER'S NAME _____
IDENTITY NUMBER _____
FATHER'S NAME _____
IDENTITY NUMBER _____
RESIDENTIAL ADDRESS _____
POSTAL ADDRESS _____
TELEPHONE NUMBERS HOME _____
MOTHER: WORK _____ CELL _____ FAX _____
FATHER: WORK _____ CELL _____ FAX _____
EMAIL ADDRESS _____
NEXT OF KIN: HOME _____ CELL _____ WORK _____
MEDICAL AID & MEMBER NUMBER _____
ALLERGIES AND/OR _____
IMPORTANT INFORMATION _____
WHERE DOES YOUR CHILD GO TO SCHOOL _____

GENERAL INDEMNITY

I, _____ agree to allow my child _____
to ride at Sun Valley Stables. I will hold neither the owner of the property, her agents and employees, nor any
member of her family responsible for any loss, damage or theft that may occur whatsoever.

I understand that lessons must be cancelled 24 hours in advance, in order for me to be eligible for a make-up lesson.
Lessons that are not cancelled 24 hours in advance, for any reason, will be lost as the Stables are unable to offer
these places to children waiting for make-up spaces.

I understand that lessons are never cancelled due to rain. They will be held in the tack room or office where the
riders will be taught much needed horsemanship, such as care of the horse.

I understand that lesson fees are for four lessons per month. Any fifth lesson is "banked" for the occasion of our
annual holiday. Each year has three months in which a pupil will have five lessons.

I understand that one month's written notice must be given if I wish to stop riding or stabling at Sun Valley Stables,
likewise a month's notice will be given to me.

Signed this _____ day of _____.

Signature of Parent/ Guardian