



Halifax Junior Bengal Lancers

"The Stables"

1690 Bell Road, Halifax, Nova Scotia, Canada, B3B2Z3
Tel: 423-6723 Fax: 423-6751 Email: hjbl@ns.sympatico.ca

**JUNIOR RIDER
APPLICATION FOR SEPTEMBER 2010-JULY 2011
PLEASE PRINT CLEARLY**

NAME OF RIDER _____ DOB (junior) _____

RIDER EMAIL _____ SCHOOL _____

NAME OF PARENTS/GUARDIANS:

(M) _____ (F) _____

OCCUPATION OF PARENTS:

(M) _____ (F) _____

WORK PHONE (M) _____ (F) _____

HOME PHONE (M) _____ (F) _____

CELL PHONE (M) _____ (F) _____

EMAIL PARENTS (M) _____ (F) _____

BILLING ADDRESS:

POSTAL CODE _____ EMERGENCY CONTACT PHONE# _____

HEIGHT _____ WEIGHT _____ *HEIGHT AND WEIGHT RESTRICTIONS MAY APPLY*

HEALTH CARD # _____

FAMILY DOCTOR: _____ TEL: _____

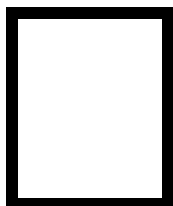
ALLERGIES/MEDICAL CONCERNS _____

PREVIOUS
EXPERIENCE _____

I, the undersigned parent applicant, wish to become a Junior Parent Member and wish my child to become a rider of the HALIFAX JUNIOR BENGAL LANCERS (the "Society") and, if accepted, undertake to have the child attend riding classes and lectures and take part in the Society's activities to the best of his/her ability. I agree to comply with the Society's rules during my period of membership and my child's period of ridership.

I understand and agree to abide by the general principle that the Society is not required to provide make-up rides missed or those cancelled by the school due to inclement weather or holidays. The school requires 30 DAYS WRITTEN NOTICE to terminate membership, and I agree to provide such notice.

I acknowledge that the equestrian sport is one of high risk and I am allowing my child to participate in riding with full knowledge of this. Notwithstanding the use of trained instructors by Halifax Junior Bengal Lancers, there are significant risks involved in working with and riding horses. I am aware that horses can spook, buck, trip, bite and step on people, and that an accident could occur. I hereby assume all risk for my child and release and agree to indemnify the Halifax Junior Bengal Lancers, its officers, directors, employees and volunteers (collectively the "Lancers") from liability or claims for loss, injury, or death arising from or related to my child's participation in this activity, except where such loss, injury or death is caused by the negligence of Lancers.



I HAVE READ AND UNDERSTAND THE RED BOOK SEPT 2010 VERSION AND AGREE MY CHILD WILL ABIDE BY THE GUIDELINES AND RULES SET OUT IN THE HANDBOOK AND THAT THIS ACKNOWLEDGEMENT HAS LEGAL CONSEQUENCES. PLEASE **INITIAL IN BOX** AT LEFT (DO NOT PUT CHECKMARK).

Parent/Guardian Signature: _____ Date _____

PROGRAMS:

_____ JUNIOR TWICE WEEKLY \$265.00.

_____ COURSE (JUNIOR) DURATION _____ COST _____

Fees are due on the first day of each month. Failure to pay on this date will result in a late fee. Upon acceptance, post-dated cheques are required.

APPLICATIONS WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY NONREFUNDABLE

DEPOSIT OF \$50.00 and post-dated cheques including one dated July 2011. DEPOSIT WILL BE APPLIED TO SEPTEMBER FEES.

CHECKLIST FOR 2010 – 2011 MEMBERSHIP:

1. SIGN APPLICATION.
2. INITIAL (DO NOT PUT CHECKMARK!) IN BOX REGARDING READING AND UNDERSTANDING THE HANDBOOK.
3. INCLUDE CURRENT DATED CHEQUE FOR \$50.00 NON-REFUNDABLE DEPOSIT.
4. INCLUDE 11 POST DATED CHEQUES FOR THE FIRST DAY OF EACH MONTH FROM SEPT 2010 TO JULY 2011. REMEMBER TO DEDUCT THE DEPOSIT FROM SEPTEMBER'S CHEQUE.
5. APPLICATIONS WILL NOT BE PROCESSED UNLESS THEY ARE COMPLETE AND RETURNED TO THE OFFICE ON TIME.