

*Blue Skies of Maplevue LLC  
Camp or Lesson application*

*Preferred Session \_\_\_\_\_ Lesson \_\_\_\_\_*

*Name of Rider \_\_\_\_\_*

*Current Age of Student \_\_\_\_\_ Birth date \_\_\_\_\_*

*Parents' names if under 18 \_\_\_\_\_*  
\_\_\_\_\_

*Address \_\_\_\_\_*  
\_\_\_\_\_

*Phone Number \_\_\_\_\_*

*E-mail address \_\_\_\_\_*

*Health Insurance Carrier (required) \_\_\_\_\_*

*Name and Number of Insured \_\_\_\_\_*

*Riding Experience \_\_\_\_\_*  
\_\_\_\_\_

*Allergies particularly bees, wasps, food, poison ivy*  
\_\_\_\_\_  
\_\_\_\_\_

*You are responsible for providing any needed remedies or  
medicines which you must be able to self-administer.*

*Special Concerns or diet \_\_\_\_\_*

*Emergency numbers (cell phones and work phones)*

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*In the event of an accident or injury, I hereby grant permission for Deborah Pearson-Moyers or her assigns to treat it by the following methods: Please choose only ONE option.*

1\_\_\_\_\_ *Only wash with soap and water or apply ice.*

2\_\_\_\_\_ *Wash with soap and water or apply ice AND administer homeopathic remedies*

*In the event of a serious accident or injury every effort will be made to contact you by the emergency phone numbers. Please be sure that you can be reached by telephone at all times. Thank you.*

**Instructions:**

**Print out this form as well as the liability release, fill in all blanks and mail to:**

**Blue Skies of Maplevue LLC  
3609 Pasture Road  
Hillsborough, NC 27278**

**Questions? Call 933-1444**