



**PROVIDENCE
EQUESTRIAN
CENTER**

LESSON REGISTRATION & RELEASE

424 Waxhaw-Indian Trail Road, Waxhaw, NC 28173
www.providenceequestrian.com

STUDENT: Name (first, middle, last) _____ City _____ Zip _____
Address: _____
Date of Birth _____ Age _____ Sex _____
Email (required) _____

PARENT/GUARDIAN: Name _____
Phone (Home): _____ Cell/Bus.: _____
Emergency Contact: (Name) _____ (Phone) _____
Emergency Medical Info.: (Physician) _____ Phone _____
Insurance _____ Policy # _____

Riding Selection 2009-2010 School Year Session

Aug. 24, 2009 – June 12, 2010

40 week Session

Group A- \$200/month -- 1 Hour Weekly Lessons

Group B- \$225/month -- 1/2 Hour Private Weekly Lessons

-OR- 45 min LG Weekly Lessons

Payment Method: Check Visa MasterCard Discover

STATE OF NORTH CAROLINA UNION COUNTY

Release Agreement and Assumption of Risk

IN CONSIDERATION of the covenants herein contained and agreement with Providence Equestrian Center Inc., its officers, agents and employees, for My Child _____ My Ward _____ (check one)/(First, Last Name) _____ to receive instruction in horseback riding and all activities incidental thereto, or to engage in horseback riding at the **Providence Equestrian Center Inc.**, I do hereby release and discharge Providence Equestrian Center Inc., its officers, agents and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have, or claim to have, against Providence Equestrian Center Inc., its agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my child or ward if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities. I agree to abide by the posted rules and regulations of the Providence Equestrian Center Inc. and to obey the instructions of the staff. I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

I understand all of PECs policies and agree to abide by them.

Signature (Parent/Guardian) _____ Date: _____

Summer Camp Registration

STUDENT: Name (first, middle, last) _____ City _____ Zip _____
Address: _____
Date of Birth _____ Age _____ Sex _____
Email (required) _____
Previous Riding Experience _____

PARENT/GUARDIAN: _____
Phone: (Home) _____ (Cell / Bus.) _____
Emergency Contact: (Name) _____ (Phone) _____
Emergency Medical Info.: (Physician) _____ Phone _____
Insurance _____ Policy # _____

Medications / Allergies _____

Week 1 June 14-18
Week 2 June 21-25
Week 3 June 28-July 2
Week 4 July 12-16
Week 5 July 19-23
Week 6 July 26-30
Week 7 August 2-6
Week 8 August 9-13
SHOW CAMP
TBD, \$485

Camp 9am-1pm: **\$335 / week**

Payment is non-refundable Amount _____ Check # _____ Visa/Mastercard/Discover

Extended Care: 1PM-6PM. \$45/day or \$200/wk. Payment due 1st day of camp

Days Needed: M _____ T _____ W _____ TH _____ F _____ Total Cost _____
I give my permission for my child to be transported by extended care provider: _____

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I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I have also read the PEC policies, and I agree to abide by them.

Signature- (Parent/Guardian) _____ **Date** _____