

Student _____ Birthday _____

Parent _____

Address Street _____ Apt _____

City _____ State _____ Zip _____

Email _____

Phone Home _____ Cell _____

Medical Conditions _____

Emergency Contact: _____

Lesson Day	Time	Type	Instructor
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

School Year Session 2011-2012: Registration fee- \$35

Lesson Tuition- \$225/month (Group and Limited Group lessons) or **\$250** (Privates)

Boarders receive a lesson with board at the rate of \$200/month.

All other lessons apply a \$10 discount on sibling and/or second monthly lessons.

Lease Fees- Partial Lease-\$150/month. Half Lease-\$475/month

Show Package fees- "A" - Fall Series-\$55/month; Sept-Dec, "A" Spring Series-\$45/month, Jan-May, "B" PHJA- \$80/month; Jan-Dec, "C" PSJ-\$200/month; Jan-Dec

Summer Session 2012:

Lesson Tuition- \$510/session- group lessons, **\$560/session-** private lessons

\$67/a la carte lesson \$20 discount on sibling or second summer sessions

Camp: \$335 per week. Camp tuition is nonrefundable.

Camp Week #/s _____ **Date/s** _____

Extended Care - \$45 per day or \$180/week

Dates Requested _____

Payment Amount: \$ _____ **Check #** _____ **-or-** _____

MC _____ Visa _____ Discover _____ Name on Card: _____

Credit Card # _____ Exp _____ CCV _____

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, its officers, agents and employees, for My **Child** **My Ward** (check one)

First Name _____ **Last Name** _____

to receive instruction in horseback riding and all activities incidental thereto, or to engage in horseback riding at the **Providence Equestrian Center**, I do hereby release and discharge Providence Equestrian Center, 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, it's 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 ward or child, or I 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 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.

Signature Parent/Guardian _____

Date: _____ Date _____

Witness _____

I have read and understand PEC rules and policies and agree to abide by them.

Signature _____ **Date** _____

Witness _____ **Date** _____

PEC Summer Camp Extended Care

I give permission to PEC to provide transportation to my child/ward for the purposes of extended care.

Signature _____ **Date** _____