



Summer 2010

June 14 – August 21, 2010

No classes held on Saturday, July 3rd-July 9th

LESSON OPTIONS

Group A

½ Hour Private Lessons **\$500 / 9 Weeks**
45 min Limited Group (2-3 students)

Group B

1 Hour Group Lessons **\$450 / 9 Weeks**

Discount: \$25 per session for a sibling or 2nd lesson

Travelling this Summer? Special "a la carte" lessons may be arranged based on available space for **\$55/Group A lesson** and **\$65/Group B lesson**.

LESSON POLICIES

PLEASE REVIEW THESE POLICIES CAREFULLY

Registration

Registration for the Summer Session begins May 3, 2010. There is not a registration fee for the Summer Session. Registration for the School Year Session begins July 26th, 2010, and the annual \$35 registration fee is due with registration. Register by phone at 704-843-5215 or contact us at www.providenceequestrian.com.

Tuition & Late Fees

Session tuition is due by June 7th. Any account not paid in full by June 14th will have an automatic \$25 late fee applied.

Withdrawal

In order to notify the barn of withdrawal and cease responsibility for payment of services, a four week WRITTEN notice must be submitted. With prepayment for the summer session, a refund of unused lessons will apply. Accounts must be settled at the time of withdrawal.

Make-Up Lessons

Students are encouraged to attend all classes. If you are not able to attend, please notify the barn 48 hours in advance unless you are unable due to illness or family emergency. Arrangements for missed classes must be made directly with the instructor. There are no make-ups offered for lessons in which the barn was not notified of an absence. Make-ups for private and limited group lessons may be in a group lesson format. There are no make-ups for rescheduled classes that are missed. All classes paid for in the Summer Session must be attended by August 21, 2010. Limit two make-ups per session.

To arrange make-up lessons, please call 704-843-5215 and follow the voicemail instructions to reach your instructor.

Complete & Mail to: 424 Waxhaw-Indian Trail Road, Waxhaw, NC 28173

Rider: Name (first, last) _____
 Address: _____ City _____ Zip _____
 Phone (Home) _____ Cell _____
 Date of Birth _____ Age _____ Sex _____ Email _____
 Previous Riding Experience _____
PARENT/GUARDIAN: Name _____
 Phone (Home) _____ (Cell) _____
 Emergency Contact Name/Phone _____
 Physician/Phone _____
 Insurance _____ Policy # _____
 Medications/Food Allergies: _____
 (All other pertinent medical information)

Summer Session: Group A ___ Group B ___ Class Time/Day _____
A la Carte Lessons: Dates _____

Camp Information: 9am-1pm, M-F Ages 5 ½ - 15 yrs

Camp Weeks
 Week 1 Week 2 Week 3 Week 4 Week 5
 June 14-18 June 21-25 June 28-July 2 July 12-16 July 19-23
 Week 6 Week 7 Week 8 Show Camp
 July 26-30 Aug 2-Aug6 Aug 9-13 Date TBD (\$450+)
\$335 / week CK # _____ /Amt _____
 Visa/MC/Discover _____ Exp Date _____

STATE OF NORTH CAROLINA — UNION COUNTY
 Summer Riding Release 2010
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)

 (Insert Full 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, 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 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 have also read PEC's LESSON POLICIES and understand and agree to its terms. I execute it voluntarily and with full knowledge of its significance.
 Signature _____ Date _____