



On Course Riding Academy

Summer Program Registration

Student Name: _____ Age: _____

Address: _____

City/State/Zip: _____ / _____ / _____

Guardian Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Student has allergies: _____ Yes / _____ No Student has a disability: _____ Yes / _____ No

If yes, please describe: _____

Riding Experience (Check one)

None Rookie(walk/trot/canter) Intermediate(jumping X lines)

Beginner(walk/trot) Advanced(jumping courses <2') Upper Advanced(jumping >2')

Select Days Attending

June 10-13...M _____ T _____ W _____ Th _____ July 15-18...M _____ T _____ W _____ Th _____

June 17-20...M _____ T _____ W _____ Th _____ July 22-25...M _____ T _____ W _____ Th _____

June 24-27...M _____ T _____ W _____ Th _____ July 29-1....M _____ T _____ W _____ Th _____

July 1-3.....M _____ T _____ W _____ Aug 5-8.....M _____ T _____ W _____ Th _____

Student will need before/after care: Before _____ / After _____



On Course Riding Academy

*****Hours: 9am-3pm/\$100 per day per student/2 Day minimum*****

Please Read carefully:

In case my child has a medical emergency and I cannot be reached, I hereby give **On Course Riding Academy** permission to authorize emergency measures necessary for the rider's welfare. I will assume responsibility for any fees associated with these measures. **I agree to assume any and all risks involved in or arising from rider's use of or presence upon manager's property and facilities;** including, without limitation but not limited to, the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosion, or the negligence or deliberate act of another person.

I do hereby fully release and discharge **On Course Riding Academy** and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in programs. **I have read and fully understand the above program details and waiver and release On Course Riding Academy of all claims.**

Legal Guardian Signature: _____ Date: _____

No registration forms will be accepted without a deposit. This contract is non assignable and non-transferable. On Course Riding Academy reserves the right to limit or cancel sessions with limited enrollment.

To hold a place for your child, please enclose a \$190 deposit

I have read and understood the terms of the deposit and registration form.

Signature: _____ Date: ____ / ____ / ____

Print Name: _____ Deposit of \$ _____

Received on: ____ / ____ / ____ Authorized by: _____

On Course Riding Academy, 31150 N Gilmer Rd, Grayslake, IL 60030