



# On Course Riding Academy

## Summer Camp 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

Camp Sessions	M	T	W	Th	F
June 16th - 20th					
June 23rd - 27th					
June 30th - July 2nd				N/A	N/A
July 7th - 10th					N/A
July 21st - 24th					N/A
July 28th - August 1st					N/A



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\*\*\*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**