2011-12 "After School at the Stable"

Registration Form

12889 Parker Ave., Pine, CO 80470
www.CentaurRising.org/page/after_school.html
303-838-5086

Student's Name: _____
Street Address: _____
City, State, Zip: _____
Home Phone: _____
Birth Date: _____ School: _____
Teacher's Name: _____
Mother's Name: _____ Day Phone: _____
Father's Name: _____ Day Phone: _____
Cell Phone(s): _____
E-mail Address: _____

Ongoing participants: Your giving us the following information authorizes us to use your card to deduct each next month's payment on the 15th of the mo.

Credit Card#: _____ Exp.: _____

Name of Card Holder: _____

Signature: _____

Do you want your child to finish his/her homework before riding?
☐ yes ☐ no

Put a check to the left of your chosen option. To facilitate scheduling, please circle EACH DAY when is POSSIBLE for your child to attend. Circle the best time for his/her group lesson. We will confirm the exact days with you.

	Rate/Mo	Circle Day(s) of the Wk		
☐ once/week	$150	T	W	Th
☐ twice/week	$250	T	W	Th
☐ 3 times/week	$350	T	W	Th

Circle best time for group lesson 3pm 4pm 5pm

Need pickup from school? yes no

The rate for transportation from school will be $5/trip paid in advance as part of your monthly fee. Children will be picked up from school only if there are two or more students to be picked up from that school on the day requested – and if we can work out a schedule!

Please list in priority order what you feel is most important for your child in this program. (1 = most important, 5 = least important.)

___ finishing homework
___ acquiring excellent riding skills
___ working to help defray the cost of riding
___ learning the responsibilities of horses
___ interacting well with others

What else do we need to know to make your child's experience a most rewarding one?

_____

Medical: Known allergies or medical conditions we should be aware of:

_____

I authorize Centaur Rising to arrange for emergency medical transport and treatment for my child should the need arise. ☐ yes ☐ no

I give my permission to have photographs, drawings or videos of my child participating in horse-related activities to be used for promotional purposes (child not to be identified by name) ☐ yes ☐ no

Payments: Once your child is enrolled in the program, we will assume that he/she will continue on the same day in the same type of participation unless we are notified by the 15th of the month prior to the month of participation. Payments for all participants will be deducted from your credit/bank card on the 15th of the month preceding participation.

Refunds: There are no cash refunds if you must cancel for any reason. If you know in advance that you will miss your regularly scheduled day, you may at that time re-schedule to a different day. If that appointment is missed, there will be no makeup. There is absolutely no makeup, after the fact, of ASATS days missed. So that we do not worry about your child, it will be very much appreciated if you notify us of any absences – anticipated or otherwise.

Warning: Please be advised that horses are subject to unpredictable acts. They may startle, buck, rear, kick, bite or run away. You are cautioned that the riding of horses is potentially dangerous. Boots with heels and ATSM-approved riding helmets are recommended to help you minimize the risk of serious injury. Riding helmets are required for anyone under the age of 18. We strongly advise the purchase of your own equestrian helmet and that it be properly fitted for you. We cannot be held responsible for the performance of any helmet, particularly one that is not your own. Please understand that you are undertaking this activity at your own risk and that, *under Colorado law, an equine professional is not liable for an injury to or the death of a participant in equine activities* - due to *the inherent risks* of such activities (CR5 1 3-21-120)

Thank you for your support of "After School at the Stable"!

I have read the above and understand the conditions under which my child is enrolled in this program.

Parent's signature → Date:

Please return this form with your first month's payment. Keep a copy for your file. Thank you!

08/16/2011