



Forward Riding School at Pause Awhile Equestrian Centre

Lesson Registration Form

HST# 76083 4523 RP0001

Rider's Name: _____ Date of Birth D___ / M___ / Year___

Parents Name: _____

Address: _____

City: _____ Postal Code _____ Email _____ @ _____

Telephone (primary) _____ secondary _____ Other _____

Conditions

1. It is inevitable that every rider will sustain a fall. Therefore, we require that if you have any condition which could be aggravated by a fall, you must consult your physician before commencing any equestrian activity.
2. All students must supply themselves with the following:
ASTM approved riding helmet, long pants, boots with a flat sole and low heel (less than 1")
3. All lessons must be booked and paid for in advance by e-transfer or visa/debit only.
4. Lessons cancelled or missed with less than 24 hours notice are forfeit. No exceptions _____ **initial**
5. Lessons cancelled with 24 hours notice can be made up in a makeup lesson outside the regular ride time within 30 days of the cancellation. _____ **initial**
6. Only 1 cancellation per 4 lesson package is permitted. _____ **Initial**
7. All lessons are a personal reservation. Lessons are non-refundable and non-transferable
8. The School reserves the right to cancel any student's lessons to accommodate special events, camps or holidays.
9. The School reserves the right to terminate any students' lesson at its sole discretion.
Any such cancellation will result in a full refund of any lessons on balance at the time of termination.
10. A waiver and registration form must be signed by each rider
11. I consent to receiving emails from Forward Riding School and/or Pause Awhile Equestrian Centre regarding subjects including, but not limited to: schooling shows, clinics and camps, road closures, diversions and weather. I understand that I can opt out of receiving such emails by sending an email to forwardridingschool@gmail.com with the subject "unsubscribe". Emails will not be sold, distributed or used for any other purpose that to contact clients of the Forward Riding School.

Emergency Information

Health card number (optional) _____

Physician's Name _____ Phone Number _____

Any allergies, perceptual or physical difficulties? _____

Do you require anaphylactic medication? No Yes, please complete the Anaphylactic Reaction Protocol Form

Are you on medication that would affect your ability to ride? _____

Person to be contacted _____ relation to rider _____

Telephone (primary) _____ secondary _____ Other _____

I authorize all medical and surgical treatment, x-ray, laboratory, anaesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies ONLY in the event that neither parent/guardian can be reached in the case of an emergency.

Signature of Rider or Parent/Guardian _____ Date D___ / M___ / Year___

How did you hear about Forward Riding School? _____