



**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 etransfer or visa/debit only.
4. Lessons cancelled or missed with less than 48 hours notice are forfeited. **No exceptions;** \_\_\_\_\_ initial
5. Lessons cancelled with 48 hours notice can be scheduled in a makeup lesson outside the regular ride time and within 30 days of the cancellation. \_\_\_\_\_ initial
6. Only 1 cancellation per 4 lesson package is permitted. \_\_\_\_\_ initial
7. Due scheduling and resource constraints, we require 2 weeks written notification if you are pausing or ending lessons with Forward Riding School.
8. All lessons are a personal reservation. Lessons are non-refundable and non-transferable
9. The School reserves the right to cancel any student's lessons to accommodate special events, camps or holidays.
10. 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.
11. A Waiver and Registration Form must be signed by each rider or guardian.
12. 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. Emails will not be used for any other purpose except 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, 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? \_\_\_\_\_