



# PVHC Lesson Registration Form

Student Name \_\_\_\_\_

Age \_\_\_\_\_

Riding Level: Beginner Intermediate Advanced

Parent name/s \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell #1 \_\_\_\_\_

HM \_\_\_\_\_ Cell#2 \_\_\_\_\_

Emergency Contact and authorized pick up:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

In case of an accident or serious illness, I request Pleasant Valley Horse club to contact me. If I am unable to reached , I hereby authorize Pleasant Valley Horse Club to seek emergency medical treatment as necessary. It is understood that Pleasant Valley Horse Club or its authorized agents will not be held responsible for the costs of such care.

Date Of Birth \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Insurance Co \_\_\_\_\_

Policy Number \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

PVHC Must have 24 hr notice for a make up and there are NO refunds.

**Fees:** I agree as a condition of enrollment in this program to pay tuition by the first day of each session. I understand that a late fee of \$20 will be added for each child when payment is in arrears. I understand that if tuition is delinquent in excess of 7 days my child(ren) will not be permitted to return to the program until all delinquent obligations are paid in full. I understand that the program shall have the right to legal action for nonpayment of tuition and fees, and will be responsible for all costs of collection, including court expenses and reasonable attorney fees.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_