



# Pleasant Valley Horse Club

## Lesson Registration

710 Del Valle  
Aptos, CA 95003  
(831)763-2733

Students Name \_\_\_\_\_ **DOB** \_\_\_\_\_  
First Last

Please provide best number to send text messages \_\_\_\_\_

1. Parent/Guardian Name \_\_\_\_\_ Best Contact Number \_\_\_\_\_

2. Parent/Guardian Name \_\_\_\_\_ Best Contact Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Riding Style & Information

What style of riding are you interested in?

- English
- Western
- Both
- Unsure

Riding Ability  
(Mark only one)

- Beginner Rider (Never ridden or only a few lessons)
- Intermediate Rider (Walk/Trot only)
- Advanced Rider (Walk/Trot/Canter)
- Other: \_\_\_\_\_

I understand that all payments are due before the 7<sup>th</sup> of each month. A late payment will result in a late fee of \$25 and all lessons will be placed on hold until payment is received.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Is there anything you would like to tell us about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continue on backside →

**Emergency Contact and Authorized Pick Up**

*In case of an accident or serious illness, I request Pleasant Valley Horse Club to contact me. If I am unable to be 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.*

\_\_\_\_\_ *Emergency Contact/Authorized Pickup*

\_\_\_\_\_ *Phone Number*

\_\_\_\_\_ *Emergency Contact/Authorized Pickup*

\_\_\_\_\_ *Phone Number*

\_\_\_\_\_ *Emergency Contact/Authorized Pickup*

\_\_\_\_\_ *Phone Number*

**Video Release**

I give full consent, without limitation or reservation, to Pleasant Valley Horse Club, to publish any photograph or video in which the above-named participant(s) appears while participating in any activity associated with Pleasant Valley Horse Club. There will be no compensation for use of any photograph or video at the time of publication or in the future. I understand that should I choose to revoke this permission; the revocation is not effective until I have provided my revocation in writing to Pleasant Valley Horse Club. I understand that revocation of permission will not include any past photo or video of named participant(s) that have already been used for above purposes.

- Yes, I give consent to video/photograph my child
- No, I do **NOT** give photograph or video consent for my child(ren)

I give full consent to use child(ren)'s first name only in posts.

- Yes
- No

**Liability Terms**

By signing this document, I agree to allow my child to participate in camp activities, including working with and riding horses, swimming at the pool, vehicle rides (atv, gator, etc.) and playing with other campers. I have sufficient knowledge of horses to understand their unpredictability and potentially dangerous character in general and I understand that the use, handling and riding of a horse involves risk of bodily injury to anyone who handles or rides horses, as well as the risk of damaging the property of others. I understand that any horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times, based upon instinct or fright, which likewise is an inherent risk assumed by one who handles/rides horses.

I expressly assume such risk and hereby waive any claims that I might have against Michelle LeClair, Pleasant Valley Horse Club, and including its Teachers, Counselors and Trainers, on behalf of the above-mentioned student or myself. I agree to pay all doctor or hospital fees if the child is injured while staying at Pleasant Valley Horse Club. I hereby give my permission for the counselors to administer first aid to my child or take him/her to a doctor should it become necessary.

By signing your name, you agree to the above liability terms.

\_\_\_\_\_ **Print Name**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**