

2017 Participant Registration

Participant Name: _____ DOB: _____

Parent/Guardian Name: _____ Relationship: _____

Phone number to reach you at in the event of lesson cancellation: _____

**Please indicate if you are registering for Group Lesson (GL) or Private Lesson (PL):
Riding Lessons are only available Monday thru Thursday afternoons and evenings.**

- _____ Session 1: Month of April: _____ Day _____ Time
- _____ Session 2: Month of May, No Lessons week of 5/29/17: _____ Day _____ Time
- _____ Session 3: Month of June: _____ Day _____ Time
- _____ Session 4: Month of July, No Lessons week of 7/3/17: _____ Day _____ Time
- _____ Session 5: Month of August: _____ Day _____ Time
- _____ Session 6: Month of September, No Lessons week of 9/4/17: _____ Day _____ Time
- _____ Session 7: Month of October: _____ Day _____ Time

Group Lesson: \$30.00 each lesson for 45 therapeutic minutes; \$120 for 4-week session.

Private Lesson: \$40.00 each lesson for 45 therapeutic minutes; \$160 for 4-week session.

Private Lesson (reduced time): \$30.00 each lesson for 30 therapeutic minutes. Instructor and parent will determine at assessment/evaluation if a reduced-time lesson is more appropriate for the rider. This may be considered because of age, body strength, or other consideration for the safety and well-being of the rider. A reassessment to increase riding time will be based on rider progress and Instructor and parental recommendations.

Vocational skills training: \$15.00 each for 30 minutes.

Therapeutic minutes are defined as interaction time that serves the purpose of improving the learning and growth of a rider, with horseback riding time a part of those therapeutic minutes.

I have received, read, and understand the WCR lesson safety rules and policies. I have enclosed my payment with this Registration or have set up an approved payment plan.

 Client, Parent or Guardian Signature

 Date

Checklist for Office Use:	
<input type="checkbox"/> Participant Application, Health History, Liability Release	<input type="checkbox"/> Evaluation/Assessment with Instructor
<input type="checkbox"/> Participant Medical History and Physician's Statement	<input type="checkbox"/> WCR Safety Rules & Policies signature page
<input type="checkbox"/> Authorization for Emergency Medical Treatment	<input type="checkbox"/> Payment in Full <input type="checkbox"/> Payment Plan Option