

PEC Registration Form

Student _____ Birthday _____
 Parent _____
 Address: Street _____ Apt _____
 City _____ State _____ Zip _____
 Email _____
 Phone: Home _____ Cell _____
 Medical Conditions _____
 Emergency Contact: _____

2019-2020 : Registration fee- \$40 for School Year Session.

School Year Lesson Tuition- \$280/month (Group and Limited Group lessons) or \$320/month (Privates).

Summer Tuition- \$630/9 weeks (Group and Ltd Group) or \$720/9 weeks (Privates)

All lessons apply a \$10 discount on sibling and/or second monthly lessons and \$20 discount on sibling and/or second summer session tuition.

Lesson Day(s) _____ Time(s) _____
 Type(s) _____ Instructor _____

Camp: \$345 per week. Camp tuition is nonrefundable and nontransferable.

Camp Week #/s _____ Date/s _____

Payment Amount: \$ _____ Check # _____

-or-

MC _____ Visa _____ Discover _____ Name on Card: _____

Credit Card # _____ Exp _____ CCV _____

PEC Release Form

STATE OF NORTH CAROLINA, UNION COUNTY
Release Agreement and Assumption of Risk

IN CONSIDERATION of the covenants herein contained and agreement with Providence Equestrian Center, its officers, agents and employees, for **My Child** **My Ward** **Myself** (check one)

First Name _____ Last Name _____

to receive instruction in horseback riding and all activities incidental thereto, or to engage in horseback riding at the Providence Equestrian Center, Inc., I do hereby release and discharge Providence Equestrian Center, Inc., its officers, agents and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have, or claim to have, against Providence Equestrian Center, Inc., its agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my ward or child, or I if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities. I agree to abide by the posted rules and regulations of the Providence Equestrian Center, Inc., and to obey the instructions of the staff. I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature Parent/Guardian _____
 Date: _____
 Witness _____ Date _____

I have read and understand PEC rules and policies and agree to abide by them.

Signature _____ Date _____
 Witness _____ Date _____

Camp Transportation

I give permission to PEC to provide transportation to my child/ward for the purposes of field trip excursions during camp hours.

Signature _____ Date _____