

PEC Registration Form

Student _____ Birthday _____

Parent _____

Address: Street _____ Apt _____

City _____ State _____ Zip _____

Email _____

Phone: Home _____ Cell _____

Medical Conditions _____

Emergency Contact (name and phone) _____

Summer Sessions 2024

Session A: 6/10/24 - 7/21/24, Lessons held twice weekly, total of 10 lessons

Tuition- \$900

Vacation Dates: 7/1/24- 7/6/24

Session B: 7/22/24 - 8/17/24, Lessons held twice weekly, total of 8 lessons

Tuition- \$720

Full Session

Session Dates: 6/10/24- 8/17/24 \$810/9 weeks 1-hour weekly group (4-6 riders) or 45 min (3 students maximum) group.

Vacation Dates: 7/1/24- 7/6/24

School Year Lesson Tuition 2024-2025 Coming Soon!

Evaluation Date _____ Time _____ Instructor _____

Lesson Day(s) _____ Time(s) _____

Type(s) _____ Instructor _____

Camp: \$415 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.

Name: _____

Signature _____ **Date** _____

Witness _____ **Date** _____