



Riding School Registration

STUDENT NAME:	_____		
PARENT'S NAME	_____		
Street Address:	_____		
City:	Province:	Postal Code:	_____
Tel: (Home)	Cell:	Other:	_____
Birthday:	_____		

Any allergies, medical or physical conditions we should know about?

Previous Riding Experience:

IN CASE OF EMERGENCY

Emergency Contact: _____

Relation to Student _____

Tel: (Home) _____ Cell: _____ Other: _____
Health Card #: _____ Initial: _____

WHERE EQUESTRIAN EXCELLENCE BEGINS

7960 Castleberg Side Road | Caledon, ON L7E 0R8 | t: 647.383.8133 | info@gordonhurstequestrian.ca



TERMS AND CONDITIONS:

I declare that I am the parent or legal guardian of the participant (registering student).

I understand that all lessons are to be paid for in advance by email transfer, cash or cheque (please make out to Gordonhurst Equestrian Centre).

I understand that I must give 24 hours notice by email to makeups@gordonhurstequestrian.ca in order to receive a make up lesson (as per information provided on Riding School page of www.GordonhurstEquestrian.ca)

I understand that lessons are non refundable and non transferable.

I understand that in an effort to limit distractions, Gordonhurst Equestrian Centre does not allow students to have cell phones or handheld devices with them in the barn while riding and/ or tacking up or untacking.

I understand that the Release and Waiver of Liability must be read and signed.

I have read, I understand and I agree to the conditions to the terms and conditions outlined above.

Initial: _____

Signature of Parent / Legal Guardian: _____

Name of Parent / Legal Guardian (Printed): _____

Child's Name (Printed): _____

Dated: _____

THIS FORM MUST BE ACCOMPANIED BY THE CHILD WAIVER AND RELEASE OF LIABILITY FORM

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