



CONTINUING REGISTRATION FORM

Cost: \$300.00 per session (Special Olympics Exempt)

Winter 2018: March 26 – May 12

Please note that all paperwork must be received 1 week prior to the start of each session

This form to be used if Participating Registration Form and Physicians Statement are dated after 3/26/2017

Please contact us regarding special Tuition Assistance for qualified riders. Persons seeking Tuition Assistance should complete a Tuition Assistance Form.

Participant Name: _____

Indicate changes below:

E-Mail Address:	Home Phone:	Mobile Phone:
Address:	City:	State / Zip:
Emergency Contact::	Phone:	Phone:
Medical Conditions & Medications:		
Other :		
<input type="checkbox"/> There are no known changes to the participant's medical conditions, medications or contact information.		
Please reserve my space for this therapeutic riding session. My \$25 Deposit is included. SIGNATURE/ DATE:		