



After School Fun Registration

American Academy of Equestrian Sciences

Name: _____ Date: _____ Age: _____

(Please note that a current Participant Enrollment Package must be filled out and on file at the Academy).

Monday through Friday Horsemanship

Please check the grey box for one the options provided:

		Fee
	For the entire school year Labor Day through the End of School 40 weeks – 1 Day per week	\$350
	Each pre-paid session (13 weeks) @ \$10 per class- 1 Day per week	\$130
	Single class in combination with of one riding lesson per week.	\$75
	Single class without combination of any other class	\$20

Early drop-offs and late pickups are available at \$5.00 per 15-minute increments.

Fee from above selection:	\$
Add pre-arranged early drop-off or late pickup fees:	\$
Apply Military and/or Sibling discount if applicable:	\$
Apply cash discount if applicable:	\$
Total Cost:	\$
Non-refundable \$50.00 deposit if applicable:	\$
Total Amount Due:	\$

We accept checks & major credit cards. However, you will receive a 3% discount if paying the full amount in cash when registering. There is also a 5% Military (must show Military ID) and a 5% Sibling discount available if registering multiple children.

Please indicate which day(s) the camper will be attending: _____

For office use only

Amount Received: \$ _____ Date: _____ Cash Check ACH Debit Credit Card: Amex Visa MC

September	\$ _____	Date: _____	Method: _____
October	\$ _____	Date: _____	Method: _____
November	\$ _____	Date: _____	Method: _____
December	\$ _____	Date: _____	Method: _____
January	\$ _____	Date: _____	Method: _____
February	\$ _____	Date: _____	Method: _____
March	\$ _____	Date: _____	Method: _____
April	\$ _____	Date: _____	Method: _____
May	\$ _____	Date: _____	Method: _____
June	\$ _____	Date: _____	Method: _____
July	\$ _____	Date: _____	Method: _____
August	\$ _____	Date: _____	Method: _____

Outlook		Init:		Personal Calendar		Init:		Lesson Book		Init:		Computer Calendar		Init:
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Participant Enrollment American Academy of Equestrian Sciences

Registration Information

Name:	Date of Birth:	
Street Address:		
City, State, Zip:		
Home Phone:	Cell Phone:	Email Address:
Height: _____	Weight: _____	Boy: <input type="checkbox"/> Girl: <input type="checkbox"/>
Previous Experience with Horses:		
Student's Goals:		

Parent/Guardian Information

If the participant is under eighteen years old, the following information must be provided.

Parent/Guardian Name:	Parent/Guardian Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Cell Phone/Work Phone:	Cell Phone/Work Phone:
Email Address:	Email Address:
Relationship to Minor:	Relationship to Minor:

Please note: All the information on this form should be current at all times. If a change occurs, please notify the office.

Emergency Contact Information

Name: _____ Phone: _____ Relationship to Student: _____

Name: _____ Phone: _____ Relationship to Student: _____

Other Authorized Person to pick up student (if minor): _____

Other Authorized Person to pick up student (if minor): _____

Name: _____

Authorization Agreement for Credit Card Billing

Credit Card Type: Master Card Visa American Express

Expiration Date: _____

Card Number: _____

CVC/VCC Number: _____

Full Name on Card: _____ House Number: _____ Zip Code: _____

Authorization Agreement for Direct Payments (ACH Debits)

Company Name: _____ Company ID: _____

I hereby authorize the American Academy of Equestrian Sciences to initiate debit entries to the account and the depository financial institution named below. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law. This authorization remains in full force and effect until the American Academy of Equestrian Sciences receives written notification from me of its termination in such a manner and timeframe as to afford the Academy and the financial institution below a reasonable opportunity to act it.

Checking Account: _____ Savings Account: _____

Depository Name: _____ Routing Number: _____

City, State, Zip: _____ Account Number: _____

Attach a voided check to this form if selecting this payment option.

Signature

I understand that I am responsible for the amount(s) due for all programs, lessons, and/or classes I am registering for.

Signature of Participant or Parent/Guardian if registering a minor. **Date:** _____

Please tell us how you heard about us: _____

Participant Package:

Once the forms that make up the Participant Package are filled out in their entirety and on file with the Academy, you only need to notify the Academy if any of the information changes. Registrations for any future programs will only require the registration form associated to the program you register for and the tuition fees associated. Below are the forms that are included in the Participant Enrollment Package:

- ❖ Liability Release and Hold Harmless Agreement.
- ❖ Health History and Emergency Medical Authorization Form
- ❖ Program Policies Form
- ❖ The Participant Enrollment form

For Office Use Only:

Outlook		Init:	Personal Calendar		Init:	Lesson Book		Init:	Computer Calendar		Init:
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Liability Release and Hold Harmless Agreement American Academy of Equestrian Sciences

ESHA, Inc, the Academy of Equestrian Sciences and Camp Koda integrate both classroom style teaching and physical activity into the instructional curriculum. This program may be physically strenuous, and I hereby acknowledge that participation in the program will be physically demanding and that I am aware of, and accept the associated risks, on behalf of myself and/or my child(ren). I agree that the American Academy of Equestrian Sciences, European Sport Horses of America, Inc., their officers, agents, affiliates, employees, sponsors, and/or medical advisors are not responsible for any injury or illness that I or my child(ren) may suffer as a result of participation in this program. I have been advised that any questions I may have about my or my child(ren)'s ability to participate should be directed to my physician. By signing below, I agree to allow the Academy to render emergency medical care in case of an accident, and to arrange for transportation to the nearest medical facility.

In the Commonwealth of Virginia, an equine professional or equine activities sponsor is not liable for any injury to, or the death of a participant in equine activities resulting from the inherent risks of equine activities.

I herewith furthermore agree to hold ESHA, the American Academy of Equestrian Sciences and Camp Koda, their owners, agents and staffs harmless for injury to, or the death of myself, my horse, my property, and/or my charges resulting from the inherent risks of participation in equine activities. I understand that any accident/injury which may occur during the course of any horse activities, riding, training, participation of any camp activity is solely my responsibility, and I am entering the training program at my own risk.

Print Name

Print Name of Rider

Signature of Participant or Parent/Guardian if under 18

Date



Program Policies

American Academy of Equestrian Sciences

AGE REQUIREMENTS - Students must be a minimum of four (4) years of age to participate in any program.

CANCELLATIONS - The management reserves the right to cancel any camp due to unforeseen circumstances. Should this happen, you will be promptly notified and rescheduled at no additional cost.

ATTIRE

Required:

- ❖ Approved and fitted riding helmet.
- ❖ Riding breeches (jeans or long pants are acceptable)
- ❖ Long socks
- ❖ Gloves
- ❖ Boots with at least a ½ inch heel (tall boots are preferred, paddock boots are acceptable)
- ❖ If wearing paddock boots, chaps would be helpful, (but not required).

Not Acceptable: (for safety reasons)

- ❖ Jewelry, especially rings and long or hoop earrings
- ❖ Extremely loose fitting clothes

As with all sports, attire specific to the sport makes it easier and safer for the participant. It is for this reason that we recommend the complete, specific riding attire.

FOOD & DRINKS - No food or drinks are allowed in the Arena or outside viewing area. Please dispose of all trash in receptacles located in the Barn area. To avoid the risk of choking, please refrain from having any items in your mouth while on horseback. Chewing gum is not permitted anywhere on the property.

SPECIAL NEEDS - Students with special needs should communicate these needs when registering so we may make reasonable accommodations, thereby ensuring the success of all our students.

DISMISSAL - We reserve the right to dismiss any participant from the program who does not comply with the facility rules and/or exhibits destructive or dangerous behavior. The participant (and his/her parents, if the participant is under age) will forfeit any and all tuition monies paid.

PHOTO WAIVER - Photographs may be taken of you and/or your children in the course of your/their participation in this program. We reserve the right to use these photographs in any of our brochures, catalogues, advertisements, or other promotional material. By signing this form, you agree to let us use any picture in which you may be present without seeking any further prior approval.

Signature

Date

Name of Participant

Health History and Emergency Medical Authorization Form

Name (Last, First, Middle) _____

Birth Date _____

Pertinent Health History:

- | | | |
|--|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Epilepsy | Allergies: |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fainting | <input type="checkbox"/> Animals _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Bee/wasp stings _____ |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Skin Conditions | <input type="checkbox"/> Drugs _____ |
| <input type="checkbox"/> Bleeding/clotting disorders | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Food _____ |
| <input type="checkbox"/> Heart Defect/disease | <input type="checkbox"/> Frequent Colds/Sore Throats | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Wears: <input type="checkbox"/> Contacts <input type="checkbox"/> Glasses | <input type="checkbox"/> Muscle disease/disorder | |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Other: _____ | |

Pre-existing Condition Information

To help us provide and arrange for the best treatment available in case of an accident, please help us by answering the following questions. We respect your privacy and understand the sensitive nature of the information being requested. We will never share this information with anyone other than the Academy Trainers, Management Team, Emergency Response Personnel, and Emergency Room Physicians. Please indicate if the participant currently has, or has suffered from any of the following conditions:

C = Current (within last 12 months)

P = Past

N = N/A

Has the participant ever had:	C	P	N		C	P	N
Complete/partial hearing loss				Seizures			
Head injury				Palpitations (heart)			
Heat related illness				Heart murmur			
Orthopedic injury				Chest pains with or w/out exercise			
Dizziness or Fainting				Bleeding Disorder (Hemophilia)			
Shortness of breath or Asthma				Stroke			
Been told not to participate in sports?				High Blood Pressure			
Allergies or Anaphylactic Shock				Diabetes			

If you answered "yes" to any of the above, please explain: _____

Does participant have any type of medication that they would like us to keep and administer in the case of emergency? Yes No

If yes, please indicate type: _____ and see the Head Trainer so appropriate arrangements can be made.

Any special needs or accommodations required? _____

Are there any known behavioral and /or emotional problems? _____

Ever required psychiatric counseling or hospitalization? _____

Operations or serious injuries _____

Disability or chronic or recurring illness _____

Activities encouraged or limited by your physician? _____

Immunization Information: Are all immunizations up-to date? Yes No For information only, please attach a copy of your child's immunization record.

Insurance Company _____ Policy Number _____ Group ID _____

Primary Physician Name, Number & Contact Instructions: _____

Name & Phone of PCP: _____ Relationship to Participant: _____

My child may be given:

- Aspirin Benadryl Neosporin Tylenol Sunscreen Other: _____ None
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****MEDICAL AUTHORIZATIONS AND EMERGENCY RELEASE****

European Sport Horses of American, Inc. and its representatives have my permission, in an emergency when I cannot be located immediately, to provide emergency medical attention and, if necessary, to transport my child to the emergency room of the nearest hospital, at my expense. The hospital and its medical staff have my authorization to provide treatment which is deemed necessary for the well-being of my child. This health history is correct as far as I know. The person herein described has permission to engage in all activities except as noted. I hereby give permission to the First Responder or Adult-in-Charge to provide routine health care and administer prescribed medications as indicated on this form. I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by American Academy of Equestrian Sciences. Should a medical emergency arise during my child's participation in any given activity, I understand that reasonable efforts will be made to contact me or my designed alternate at the phone numbers I have given. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to the administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility and the immediate administration of life-sustaining measures deemed necessary under the circumstances. This completed form may be photocopied for trips outside of the normal meeting place.

Signature of Parent/Guardian _____ Date: _____