



Application For Enrollment

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ work () _____

Cell phone () _____ e-mail _____

Parent Names: Mom: _____ Dad: _____

Occupations: Mom: _____

Dad: _____

Disability _____

Date of Birth: _____ Date of onset (if different): _____

No student can be accepted for Riding/Vaulting instruction until this form has been completed by the Parent and/or Guardian. If the student is of legal age (21), he or she may complete the form without parent/guardian signature. Instruction will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by Tara's Chance, Inc. or any persons involved.

Physician's Name _____

Address _____ City _____ State _____ Zip _____

Phone () _____

I would like to enroll _____ as a student at Tara's Chance, Inc. and I have discussed this with the student's doctor. I understand that NO LIABILITY can be accepted by Tara's Chance, Inc. or any of the people involved with the program as employees or volunteers, in the event of any accident occurring.

In the event that we cannot attend, I understand that I must give 24 hours notice or I will be responsible for full payment for the lesson.

Signature of Parent/Guardian _____

Signature of Student over age 21 _____