

CLAREMONT THERAPEUTIC RIDING CENTRE (Inc.)

A registered charity



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Claremont 6010
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Website: ctrc.perthwa.net

Enrolment Form

Please Circle which 2010 Term

Term 2 19th April – 2nd July \$660 - \$540 if on Monday

Term 3 19th July – 24th September \$600

Term 4 :11th October – 16th December 2009 –\$600

Please return this form with payment prior to commencement of term

1. Details

Riders Name: _____ Date of Birth: _____

Address: _____ Post Code: _____

ContactPh: _____ Mobile: _____

Email: _____

Name of parent or contact: _____

PHONE NO. IN CASE OF EMERGENCY : _____

2. Lesson Times

Same as last term which was ...Day: _____ Time: _____

Please advise a second option or other preferred time: Day: _____ Time: _____

This form must be completed and returned before participation in any activity organized by Claremont Therapeutic Riding Centre (CTRC)

I agree / give permission for the participant to be involved in CTRC activities.

I understand that no liability can be accepted by the Center concerned in the event of an injury or accident occurring. All due care will be taken at all times.

I also consent for the above mentioned participant to be allowed emergency medical attention, if necessary, during participation in any activity.

I agree that any photograph taken of the above named participant during a CTRC activity may be used to further the aims of the Center.

In some circumstances the Head Coach needs further information about the rider's medical condition given on the Medical Consent Form.

I (participant/ parent/ guardian /carer) agree to the release of the relevant information about the participant's medical condition on the understanding that such information will be used ONLY to assist the rider to more fully benefit from the CTRC programme.

Signature:..... **Date:**.....

The Centre reserves the right to refuse a person access to the programme if it is reasonably believed that participation may be detrimental to the Person, the Coaches, Helpers or the Horses.