



VAULTING LESSONS REGISTRATION

STUDENT'S NAME: _____

DATE OF
BIRTH : _____

ADDRESS: _____

HEALTH CARD #: _____

CONTACT PHONE #: _____

SPECIAL MEDICAL INFO: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE #: _____

NAME: _____

PHONE #: _____

✓ I have read a copy of the "**Barn Rules**" and agree to abide by them while on the premises of Maple Rock Stables

✓ I have read and sign a Liability form accepting all risks for participant

✓ I understand and except that vaulting is an equine sport however it is considered a hazard to wear a helmet, according to Vault Canada and EC Vaulting rules

✓ I give permission for photos to be taken of my child and posted on Maple Rock Stables social media

✓ Vaulting shoes or water shoes are required for lessons

✓ Hair must be tied back and out of faces

✓ Proper athletic attire must be worn

*** There are no "make ups" or refunds for missed lessons times***

Signature of Parent/Guardian: _____

For office use only

Payment Received:

Cash: _____

Chq #: _____

E-Transfer: