

Central Arizona Riding Academy 2023 Summer Program Application

Weanling Camp June 6-10, 2023 _____ Equus Camp June 27-July 1, 2023 _____
For Early Bird discount application and payment must be received by May 15, 2023

Name _____

Street Address _____

City _____ State _____ Zip _____

Email Address: _____ Phone: _____

Age _____ Date of Birth: _____

Riding Ability:

If Currently Taking Lessons please tell us where and for how long: _____

Allergies:

Any Medical Conditions we should know about? _____

All students are required to have a current tetanus shot. Please tell us the date of immunization: _____

T shirt size _____

Contact information:

Parent or Guardian's Name _____ Home Phone: _____

Work Phone _____ Cell Phone _____

Emergency Contact Name _____ Relationship _____ Phone: _____

Emergency Contact Name _____ Relationship _____ Phone: _____

. I give permission for my child to attend any and all field trips ___ Yes ___ No If possible, we appreciate parent drivers.

I, the Undersigned, agree to hold harmless Ulrich Schmitz, individually, Dorie Vlatten-Schmitz, individually, d/b/a Central Arizona Riding Academy, Inc., having it's usual place of business at 41655 N. Kenworthy RD San Tan Valley AZ 85140 , and their successors in title, employees, and volunteer helpers free from any and all claims and demands of any nature that may be occasioned by me, my guests, minors in my charge, or my horse's), and to repay on demand any and all damages, Central Arizona Riding Academy, Inc. or any individuals described above may sustain by reason of any such claim.

I, the Undersigned, agree in the event of any emergency to the above named minor or myself, or an equine to accept emergency medical care and hereby release Central Az. Riding Academy and the individuals described above from any claims for liability for loss of use to my person or property.

I, the Undersigned, will abide by the rules and accept decisions rendered by the Owners and/or Operators of Central Az. Riding Academy including all persons described above.

Date: _____ Signature: _____

(If participant is a minor, parent or legal guardian must sign)

Participant Health Insurer: _____

Policy number: _____ Telephone Number: _____

All fees must accompany application.

Mail or return application to CARA 41655 N. Kenworthy RD San tan valley AZ 85140 Credit card payments accepted with a 3.5% + \$0.15 processing fee. For Venmo, Zelle, or Paypal please contact Dorie 480-580-0634