

Central Arizona Riding Academy 2026 Summer Program Application
Equus Camp June 23-27, 2026_____

For Early Bird discount application and payment must be received by May 15, 2026

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_____

I give permission for photos to be used on the cara website and social media_____

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 Makes check payable CARA Cancellation policy 100% refund less \$20 processing fee before May 15. May 15-May 30 50% refund. No refunds after June 1, 2026