



Exceptional Horseback Riders of Saginaw County Participation Acknowledgement Form

Student Name : _____

Mother's Name: _____

Address: _____

Phone Numbers Home: _____ Work: _____
Cell: _____

E-Mail Address: _____

Father's Name: _____

Address: _____

Phone Numbers Home: _____ Work: _____
Cell: _____

E-Mail Address: _____

Please Initial Each Statement, Sign & Date Below.

I understand that my child's EHRSC/4H paperwork & doctor signed physical form must be filled out completely and turned in to Tina by the determined deadline date or it may result in my child not riding in that Program Session. _____

I understand that my child's \$150 Lesson Fee must be paid in full prior to their participation. _____

I understand that EHRSC is a parent cooperative, non-profit organization, and I am expected in good faith to participate in Program fundraising activities _____

I know that if I have not earned \$200 in fundraising activities, I will be billed & expected to pay the remaining amount. _____

I understand that if I am physically/emotionally able, I should come prepared (appropriate clothing, closed-toed shoes, etc..) to side-walk with my child during their lesson if the need arises due to a shortage of volunteers. _____

I have read and understand the above 5 statements _____ **date** _____

(Parent Signature)

EHRSC primarily communicates with participants through Face Book, Email, & the glass enclosed bulletin board located in the entrance to the Barn.

If there is new information that is being posted to Face Book or Emailed to me,

I (**would or would not**) like a 'text alert' to my phone. Please use this phone number _____

EHRSC COPY



Exceptional Horseback Riders of Saginaw County Participation Acknowledgement Form

Student Name : _____

Mother's Name: _____

Address: _____

Phone Numbers Home: _____ Work: _____
Cell: _____

E-Mail Address: _____

Father's Name: _____

Address: _____

Phone Numbers Home: _____ Work: _____
Cell: _____

E-Mail Address: _____

Please Initial Each Statement, Sign & Date Below.

I understand that my child's EHRSC/4H paperwork & doctor signed physical form must be filled out completely and turned in to Tina by the determined deadline date or it may result in my child not riding in that Program Session. _____

I understand that my child's \$150 Lesson Fee must be paid in full prior to their participation. _____

I understand that EHRSC is a parent cooperative, non-profit organization, and I am expected in good faith to participate in Program fundraising activities _____

I know that if I have not earned \$200 in fundraising activities, I will be billed & expected to pay the remaining amount. _____

I understand that if I am physically/emotionally able, I should come prepared (appropriate clothing, closed-toed shoes, etc..) to side-walk with my child during their lesson if the need arises due to a shortage of volunteers. _____

I have read and understand the above 5 statements _____ date _____

(Parent Signature)

EHRSC primarily communicates with participants through Face Book, Email, & the glass enclosed bulletin board located in the entrance to the Barn.

If there is new information that is being posted to Face Book or Emailed to me,
I (**would or would not**) like a 'text alert' to my phone. Please use this phone number _____

PARTICIPANT COPY