

Central Arizona Riding Academy 2024 Summer Program Application

Weanling Camp June 4-8, 2024 _____ Equus Camp June 18-23, 2024 _____ For
Early Bird discount application and payment must be received by May 15, 2024

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 give permission for my child's photo at camp to be posted on CARA's website unless initialed here _____
I, the Undersigned, agree to hold harmless Ulrich Schmitz, individually, Dorie Vlaten-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.

No refund shall be made prior to two weeks before each camp starting date.
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