

RIDER RE-REGISTRATON FORM

***THIS FORM CAN ONLY BE USED IF YOU HAVE PARTICIPATED IN AT LEAST ONE PRIOR SESSION AND WE HAVE A COMPLETED RIDER REGISTRATION FORM ON FILE.**

Liberty Riders, Inc.
 7103 Gratiot Road
 St Clair, MI 48079
 Ph. 810-367-6471
 www.libertyriders.org

Session 1 April 12 – May 17, 2010

Session 2 May 24 – June 28, 2010 REGISTRATION DUE: MAY 10

Session 3 August 9 –September 13, 2010 REGISTRATION DUE: JULY 26

Session 4 September 20th – October 25, 2010 REGISTRATION DUE: SEPTEMBER 6

Session 5 November 1 – December 6, 2010 REGISTRATION DUE: OCTOBER 18

Email. libertyridersorg@comcast.net

Date: _____

Student Name: _____

Email Address: _____ Phone: _____

Parent/Guardian: _____

- I hereby re-register _____ for the Liberty Riders, Inc. 6- week Therapeutic Riding Program for **Session #**_____. I have reviewed all information formally provided to Liberty Riders, Inc. and confirm that this information is still current and accurate. There have been no health changes preventing this rider from participating in the 6-week program.

PLEASE MARK YOUR CHOICE OF RIDING TIMES IN ORDER OF PREFERENCE BY WRITING 1ST, 2ND, 3RD, IN THE SPACE TO THE RIGHT OF THE TIME. PLEASE REMEMBER THERE ARE NO GUARANTEES THAT YOUR CHOICES WILL BE AVAILABLE,

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	Limited availability
Afternoon	Afternoon	Afternoon	Afternoon	
PM	PM	PM	PM	

WARNING: Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or death of a participant in an equine activity resulting from an inherent risk of the equine activity.

Signature of Parent/Guardian: _____

Date _____

Please return completed form to a Liberty Riders, Inc. representative.

Fees: 6-week program - \$120.00

Please make checks payable to: **LIBERTY RIDERS, INC.**

Lessons Fees must be paid in full at the first lesson.

*****For Office Use Only *****

Amount Paid: _____ Cash _____ Check # _____

Received by Liberty Riders Inc. Representative: _____

Date: _____

Receipt Needed: Yes: _____ No: _____