

GiddyUp!

Application Form

RIDER'S NAME _____
FIRST LAST

AGE _____ BIRTH DATE _____

PARENT'S NAME(S) (If applicable) _____

HOME ADDRESS _____

CITY _____ POSTAL CODE _____

EMAIL _____ HOME PHONE NUMBER () _____

EMERGENCY NAME & PHONE NUMBER _____

IF THE RIDER HAS A MEDICAL INDICATION (E.G. ASTHMA), HEALTH NEEDS (E.G. DISLOCATES JOINTS EASILY), OR A DISABILITY, PLEASE GIVE A BRIEF DESCRIPTION:

CLASS TIMES: PLEASE INDICATE YOUR FIRST THREE CHOICES IN ORDER OF PREFERENCE - 1, 2, 3.

Please note that classes will also be available during weekday daytime hours also. Daytime classes can be arranged on an individual basis.

Term: Winter _____ Spring _____ Summer _____ Winter _____

Saturday :

8:30 ____ 9:05 ____ 9:40 ____ 10:15 ____ 10:50 ____ 11:25 ____ 12:00 ____ 12:30 ____ 1:05 ____ 1:40 ____

Sunday:

12:15 ____ 12:50 ____ 1:25: ____ 2:00 ____ 2:35 ____ 3:10 ____ 3:45 ____ 4:20 ____

Thursday:

Evening 4:25 ____ 5:00 ____ 6:00 ____ 6:35 ____ 7:10 ____

Other Weekday times _____

Children will be registered when payment accompanies application. Please make cheques payable to Laura Hunter's STEPS Program

We do not issue refunds for any reason once classes have started.

Makeup classes can only be offered if classes are cancelled by GIDDYUP! We cannot issue refunds or makeup classes for classes cancelled by clients.

Client Signature: _____ Date: _____