



2009 Lesson Registration Application

Send Application to: 13986 McKanna Rd, Minooka, IL 60447; info@ellishec.com; Fax 815-475-4105



Student Name _____

Student Address _____
Address City State Zip

Parent/Guardian Name _____

IMPORTANT: Incorrect program name and code OR missing waivers will prevent class registration; be sure code & dates are correct by checking the Ellis 2009 Program catalog, **or call 815-475-4035 for more information**
REQUIRED INFORMATION: Program _____ Class Code _____

Cancellation/Refund Policy: Students must cancel program at least 5 days before the program beginning date in order to receive a full refund minus a \$10 service charge. Any lessons cancelled after five days before the lesson, or during the lesson session, will not receive a refund. Any lessons cancelled by the equestrian center due to unforeseen circumstances will be refunded fully or offered a makeup lesson.

WARNING:
Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

Date of Last Tetanus Shot: _____

Special Accommodations: _____

Emergency Contact: _____
Name Relation Phone # Cell #

Method of Payment: Please make payments out to: **Kendall County Forest Preserve District**

Amount _____ Check # _____ (Circle one) Visa Master Card Signature: _____

Office Use Only: Permit # _____
Date Received: _____

Customer Present: last 4 digits, & expiration Date: _____
Card # _____