Town of Los Altos Hills Parks and Recreation

Youth Riding Program
Spring & Summer Session 2006

26379 Fremont Road, Los Altos Hills, CA 94022
(650) 941-7222 ext. 241
www.losaltoshills.ca.gov/recreation

The Year 'Round Youth Riding Program Spring & Summer Sessions offers two levels of riding lessons for adults. The Beginners Program is for youth who are new to riding and have little or no riding experience and the Novice Program is for youth riders who are comfortable at the walk and trot and are beginning to canter. Both programs are for six weeks.

REGISTRATION
Mail/Walk-in: 26379 Fremont Road, Los Altos Hills, CA 94022

AGE – 6 to 17 **FEE** Resident: $240.00 Non-resident: $260.00

LOCATION - Westwind Barn, 27210 Altamont Road, Los Altos Hills 94022

CLASS DATES AND TIMES:

Beginner Session(s)

Tuesday: March 14 – April 25
4:00 pm – 4:45 pm

Tuesday: May 2 – June 13
4:00 pm – 4:45 pm

Novice Session(s)

Wednesday: March 15 – April 26
4:00 pm – 4:45 pm

Wednesday: Monday May 3 – June 14
4:00 pm – 4:45 pm

INFORMATION –For this class there is a weight limitation of 165 lbs. No special riding attire is required, however for safety reasons we will require that participants come dressed wearing:

- Jeans or other long pants (no shorts)
- Hard sole boots or shoes with minimum 1" heel

Participant First and Last Name	Course / Activity	FEE $240/$260
	Adult Round Riding	

Contact Information:

Name_____ _____ _____
Last First Email

Address_____City_____State_____Zip_____

Home Phone (___) _____ Work Phone (___) _____ Cell Phone (___)_____

Local Emergency Name_____ Phone No. (____) _____

Release of Liability & Assumption of Risk Agreement

In consideration of the acceptance of the application for entry into the classes or activities listed on the Registration Form, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities.

I am aware that these classes or activities subject me to physical risks and dangers, nevertheless, I voluntarily agree to assume any and all risks of injury or death, and to release, discharge, and hold harmless all of the entities or persons mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs, personal representatives, next of kin, spouse or assigns.

It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns.

I have fully read this Agreement and fully understand its content.

TO BE COMPLETED BY PARTCIPANT

I have fully read this Agreement and fully understand its content.

Signature of PARTICIPANT: _____ Date: _____

Print PARTICIPANT: _____

Address: _____

REFUND POLICY- No refunds will be given after program has started.

Please detach and remit payment to:

Town of Los Altos Hills
Attention: Karen Jost
26379 Fremont Road
Los Altos Hills, CA 94022