

VARHA Therapeutic Class Registration Form 2023

Rider Name: _____ Date of birth: _____

Address: _____

Phone Number: _____ E-mail address: _____

Does rider have a documented special need? (yes / no) _____

Rider Weight: _____ ****Note:** VARHA has a policy of 180 pound limit for able-bodied riders & 140 for riders needing lifted by instructors.

Parent/Guardian Information:

Name: _____

Address (if different from above): _____

Phone number (if different from above): _____

Class(es) Requested – Please indicate your first & second choice of session you wish to ride in with a “1” & “2”, in the event your first choice is filled. The class rosters will be set two weeks before first date of each session. You will be notified if your rider is on the roster.

Class times are 6 PM and 7 PM. Please note preferred time if applicable.

Preseason, Monday evenings: April 3, 10, 17, 24, and May 1	Preferred time: _____	\$165
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Spring, Monday evenings: May 15, 22, and June 5, 12, 19, 26	Preferred time: _____	\$200
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Summer, Monday evenings: July 10, 17, 24, 31 and Aug. 7, 14	Preferred time: _____	\$200
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Fall, Monday evenings: Aug. 28, Sept. 11, 18, 25, and Oct. 2, 9	Preferred time: _____	\$200
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Method of Payment Section MUST be filled out in order for us to process your registration. Leaving it blank will result in a delay of your registration.

_____ Private Payment: We accept cash, check, or online credit card payments.

_____ Agency Payment: If an agency is responsible for payment, please complete below section.

Agency Name: _____

Agency Address: _____

Agency Contact: _____ Phone: _____

_____ Scholarship: A limited amount of scholarship money is available for income eligible clients. If you would like to apply for scholarship money, please send copies of income statements with application. Income verification is required.

Full application will be sent out soon after registration form is received. The COMPLETED Application & FULL Payment are due at least ONE WEEK before class starts. Rider cannot participate until forms are received!

Signature of Parent/Guardian: _____ Date: _____