

# 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 \_\_\_\_\_

**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: \_\_\_\_\_