



PARTICIPANT ENROLLMENT
AMERICAN ACADEMY OF EQUESTRIAN SCIENCES

Registration Information

Name:		Date of Birth:	
Street Address:			
City, State, Zip:			
Home Phone:	Cell Phone:	Email Address:	
Height: _____	Weight: _____	Male: <input type="checkbox"/>	Female: <input type="checkbox"/> Nickname:
Previous Experience with Horses:			
Student's Goals:			

Parent/Guardian Information

If the participant is under eighteen years old, the following information must be provided.

Parent/Guardian Name:	Parent/Guardian Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Cell Phone/Work Phone:	Cell Phone/Work Phone:
Email Address:	Email Address:
Relationship to Minor:	Relationship to Minor:

Please note: All the information on this form should be current at all times. If a change occurs, please notify the office.

Emergency Contact Information

Name: _____ Phone: _____ Relationship to Student: _____

Name: _____ Phone: _____ Relationship to Student: _____

Other Authorized Person to pick up student (if minor): _____

Other Authorized Person to pick up student (if minor): _____



LIABILITY RELEASE FOR PARTICIPANTS IN EQUINE ACTIVITIES
AND VISITORS TO THE AMERICAN ACADEMY OF EQUESTRIAN SCIENCES (AAES)
VIRGINIA CODE 3.2-6200 ET SEQ.

(Print) Participant's Name: _____

I, THE UNDERSIGNED, HEREBY ACKNOWLEDGE THAT ENGAGING IN EQUINE ACTIVITIES OR VISITING THE FACILITIES AT THE AMERICAN ACADEMY OF EQUESTRIAN SCIENCES IN LEESBURG, VIRGINIA CAN BE HAZARDOUS AND DANGEROUS. I acknowledge the Intrinsic Dangers of Equine Activities (as defined below) involved in riding and being around horses, which Intrinsic Dangers of Equine Activities include bodily injury from using, riding or being in close proximity to horses, among other risks, and I further acknowledge that both horse and rider can be injured in normal use or in competition and schooling. I WISH TO PARTICIPATE IN THESE EQUINE ACTIVITIES KNOWING THAT THERE ARE INTRINSIC DANGERS OF EQUINE ACTIVITIES. I HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS RESULTING FROM OR RELATED TO THE INTRINSIC DANGERS OF EQUINE ACTIVITIES INCLUDING THE RISK OF INJURY (INCLUDING DEATH) TO ME OR MY PROPERTY RESULTING FROM MY PARTICIPATION IN EQUINE ACTIVITIES.

In consideration for being permitted to participate or engage in Equine Activities, I knowingly waive all my rights to sue, and unconditionally remise, release, acquit and forever discharge the Fully Released Parties (as hereinafter defined) from and against any and all liabilities, claims actions, causes of action, or obligations arising from or related to any injury (including death), loss or damage to me or my property resulting from or related to any Intrinsic Dangers of Equine Activities or in any way arising out of my participation in Equine Activities or related activities, whether or not such injury, death, loss or damage is the result of the negligence of any party. I further agree to hold harmless and indemnify the Fully Released Parties from any loss, liability, damage, cost, or responsibility incurred by them in connection with any claims, demands, or actions made or brought by any party relating to my participation in Equine Activities.

For purposes of this Liability Release for Participant in Equine Activities and Visitors to the American Academy of Equestrian Sciences (the "Release") the following terms with initial capital letters are defined as follows:

- a. "Equine Activities" means and includes (i) equine training and teaching activities, (ii) boarding equines, (iii) riding, inspecting or evaluating an equine belonging to another whether or not the owner has received some monetary consideration or other thing of value for use of the equines or permitting a prospective purchaser of the equine to ride, inspect, or evaluate the equine; (iv) rides, trips, hunts or other equine activities of any tip however informal or impromptu that are sponsored by one or more of the Fully Released Parties; (v) conducting general hoofcare; (vi) providing or assisting in breeding or therapeutic veterinary treatment; or (vii) any other Equine Activity covered under the Virginia Equine Liability Act and related provisions of the Virginia Code.
- b. "Fully Released Parties" means (i) Marina Genn (in her individual capacity), ESHA, the American Academy of Equestrian Sciences, Camp Koda, K9 Freedom Center and K9 Shelter Aid (each an "Equine Sponsor"), (ii) any partner, officer, agent, employee, director, shareholder, member, affiliate, or guest, heir, personal representative, successor, agent, lessor of an Equine Sponsor, and (iii) any person making property available to an Equine Sponsor.
- c. "Intrinsic Dangers of Equine Activities" means and includes, but is not limited to, (i) the propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of a horse's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions including, but not limited to, objects or conditions on, under or protruding from the surface, both latent and patent, or the hazards that rocks, cliffs, hills, fences, trees, stumps, logs, bridges, ditches, or other debris and obstacles (iv) collisions with other animals or objects; (v) the dangers and risks of tack,

harness slipping or breaking for any reason; (vi) the dangers and risks of becoming entangled in tack, harness, or vehicles used in an equine activity; (vii) the risks of falling from or otherwise becoming unstable on an equine or vehicle used in an equine activity for any reason what so ever or for no identifiable reason and (viii) any negligent act or omission by a Fully Released Party that causes or results in the death or injury of the participant or damage to the participant's property.

This Release is given under the Virginia Code 3.2-6200 et seq., as may be amended from time to time and any other related provisions under the Code of Virginia (the "Act"). All terms, not otherwise defined here, shall have the same meaning as the Act, and the Act is hereby incorporated in this Release by reference. The Release shall be so construed as to provide to the Fully Released Parties with the fullest protection of a release, waiver of right to sue and assumption of all risks which is afforded the under Virginia law.

All pronouns shall be construed to include masculine, feminine, or neuter as well as the plural or singular, as may be appropriate to the construction of this Release in the light of the facts presented.

The participant hereby authorizes and consents to any emergency medical care which may at the time appear reasonably appropriate under the circumstances as a result of injury or sickness caused by or incurred in the course of an equine activity.

This Release shall remain valid and in full force and effect from and after date opposite the signature of the participant until expressly revoked by the participant in a written notice personally delivered to AAES.

To the extent possible, this Release shall be construed in such a manner as will render it, and each provision of it, fully enforceable; but if any provision of this Release shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Release shall continue in full force and effect.

If this Release is executed by the undersigned participant for and on behalf of a minor participant named below, the undersigned participant hereby warrants and represents that he is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Release is given on behalf of and is intended to be binding upon said minor participant, his heirs, personal representatives, successors, and assign; and the undersigned participant further agrees that his Release shall also be as fully binding on the undersigned participant as if it were entered into solely on his own behalf

This Release shall be binding upon the heirs, personal representatives, successors, and assigns of the participant.

I _____ HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS RELEASE, THE WAIVER OF RIGHTS TO SUE, ASSUMPTION OF RISKS , THE INTRINSIC DANGERS OF EQUINE ACTIVITIES, AND AGREEMENT TO HOLD HARMLESS AND INDEMNIFY. I AM AWARE THAT THIS IS A RELEASE OF ALL LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FULLY RELEASED PARTIES. I SIGN THIS RELEASE OF MY OWN FREE WILL AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAS BEEN MADE.

PARTICIPANT:

Name: _____

Address: _____

Phone #: _____

Signature: _____ Date _____

Minors Name: _____

Participants Age (if minor) _____



HEALTH & MEDICAL INFORMATION

AMERICAN ACADEMY OF EQUESTRIAN SCIENCES

Name (Last, First, Middle) _____

Birth Date _____

Pertinent Health History:

- | | | |
|--|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Epilepsy | Allergies: |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fainting | <input type="checkbox"/> Animals _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Bee/wasp stings _____ |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Skin Conditions | <input type="checkbox"/> Drugs _____ |
| <input type="checkbox"/> Bleeding/clotting disorders | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Food _____ |
| <input type="checkbox"/> Heart Defect/disease | <input type="checkbox"/> Frequent Colds/Sore Throats | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Wears: <input type="checkbox"/> Contacts <input type="checkbox"/> Glasses | <input type="checkbox"/> Muscle disease/disorder | |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Other: _____ | |

Pre-existing Condition Information

To help us provide and arrange for the best treatment available in case of an accident, please help us by answering the following questions. We respect your privacy and understand the sensitive nature of the information being requested. We will never share this information with anyone other than the Academy Trainers, Management Team, Emergency Response Personnel, and Emergency Room Physicians. Please indicate if the participant currently has, or has suffered from any of the following conditions:

C = Current (within last 12 months)

P = Past

N = N/A

Has the participant ever had:	C	P	N		C	P	N
Complete/partial hearing loss				Seizures			
Head injury				Palpitations (heart)			
Heat related illness				Heart murmur			
Orthopedic injury				Chest pains with or w/out exercise			
Dizziness or Fainting				Bleeding Disorder (Hemophilia)			
Shortness of breath or Asthma				Stroke			
Been told not to participate in sports?				High Blood Pressure			
Allergies or Anaphylactic Shock				Diabetes			

If you answered "yes" to any of the above, please explain: _____

Does participant have any type of medication that they would like us to keep and administer in the case of emergency? Yes No

If yes, please indicate type: _____ and see the Head Trainer so appropriate arrangements can be made.

Any special needs or accommodations required? _____

Are there any known behavioral and /or emotional problems? _____

Ever required psychiatric counseling or hospitalization? _____

Operations or serious injuries _____

Disability or chronic or recurring illness _____

Activities encouraged or limited by your physician? _____

Immunization Information: Are all immunizations up-to date? Yes No
For information only, please attach a copy of you or your child's immunization record.

Insurance Company _____ Policy Number _____ Group ID _____

Primary Physician Name, Number & Contact Instructions: _____

Name & Phone of PCP: _____ Relationship to Participant: _____

My child may be given:

Aspirin Benadryl Neosporin Tylenol Sunscreen Other: _____ None

****MEDICAL AUTHORIZATIONS AND EMERGENCY RELEASE****

European Sport Horses of American, Inc. and its representatives have my permission, in an emergency when I cannot be located immediately, to provide emergency medical attention and, if necessary, to transport my child to the emergency room of the nearest hospital, at my expense. The hospital and its medical staff have my authorization to provide treatment which is deemed necessary for the well-being of my child. This health history is correct as far as I know. The person herein described has permission to engage in all activities except as noted. I hereby give permission to the First Responder or Adult-in-Charge to provide routine health care and administer prescribed medications as indicated on this form. I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by American Academy of Equestrian Sciences. Should a medical emergency arise during my child's participation in any given activity, I understand that reasonable efforts will be made to contact me or my designed alternate at the phone numbers I have given. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to the administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility and the immediate administration of life-sustaining measures deemed necessary under the circumstances. This completed form may be photocopied for trips outside of the normal meeting place.

Signature of Parent/Guardian _____ Date: _____



ACADEMY RULES & REGULATIONS

THE AMERICAN ACADEMY OF EQUESTRIAN SCIENCES

Thank you for choosing the American Academy of Equestrian Sciences. Our goal is to ensure that all of our customers enjoy a clean, safe, and fun environment. To achieve this goal, we ask everyone to honor the following guidelines, rules and to respect one another.

GENERAL RULES

- ❑ **No Breakfast =No Riding!** Riding and other horse activities takes lots of strength and Stamina
- ❑ ALL students and campers must have a completed and current participant package on file with the office prior to attending any AAES or Camp Koda programs.
- ❑ A child must be a minimum of four (4) years of age to participate in any program.
- ❑ Make-up lessons are offered for all programs, a minimum of 24 hours notice of cancellation is required prior to the scheduled lesson.
- ❑ No smoking, drug use or alcohol use, is allowed anywhere on the barn property. This is a “No” tolerance policy.
- ❑ Please arrive on time and allow enough time to be prepared, as courses, training, camps, etc. will begin promptly at the scheduled time. Those arriving late may not be able to participate.
- ❑ Students with special needs should communicate these needs when registering so we may make reasonable accommodations.
- ❑ Safety of all personal property is the customer’s responsibility. We are not responsible for lost or stolen property. Please secure all personal property appropriately. Each person will respect the property of others.
- ❑ Students and campers should not bring any electronic devices, such as iPods, electronic games, etc. In addition, Cell Phones can only be used in the office area and should be left in the reception office while at the facility. No MP3 players or headsets of any kind, anywhere on the property.
- ❑ Parking is allowed in designated areas only (not in the employee parking lot). Please make sure to park trailers in the “trailer parking lot”, and keep the vehicle within the marked areas. Please obey speed limit on driveways and in the parking lots. **Maximum 10 mph.** No vehicles are allowed on the property overnight unless prior arrangements have been made. Violators will be towed at owner’s risk and expense.
- ❑ Children under 8 years of age must be accompanied by a responsible adult (over 18 years of age) at all times. Small children must be near an adult at all times. Under no circumstances may riders or their guests allow children to run, yell or otherwise spook horses.
- ❑ No running down the aisles or around the horses.
- ❑ Any accompanied guest(s) (who has not already done so) **MUST** sign an AAES liability release form prior to entering the barn, **NO EXCEPTIONS!** If you don’t sign one, you are not allowed on barn property.
- ❑ For Safety Reasons - under no circumstances should any person attempt to approach or pet a horse without expressed consent of the owner, rider or handler. Never walk directly up to or behind a horse or make sudden movements toward the horse.
- ❑ **DOGS AT THE ACADEMY:** Pets are **not** permitted on the premises without the express written permission of Marina Genn. Only Club Members may bring their leashed dog on the premises to use the K9 Freedom Center and the Pond. Please contact our office for information on memberships for K9 Freedom Center and/or the Academy Equestrian Country Club. For safety reasons, we ask that you do not approach or pet our resident dogs without expressed consent of the dog’s owner or handler. Never approach a dog with a bone.
- ❑ We will not tolerate abuse of any animal or person. You will be asked to leave if this behavior is observed.

- ❑ **Respecting and helping one another is what the Academy is about;** We expect all riders and their guests to have good sportsmanship and treat each other with kindness and respect. Our goal is to promote a friendly and respectful learning environment, therefore, gossiping and spreading rumors is considered unacceptable behavior and is contrary to the principles of the Academy. Such behavior will be grounds for immediate dismissal from the Academy. Please us keep our facility clean and orderly by placing all trash in the receptacles and refrain from placing your feet upon any of the furniture.

FOOD AND DRINKS

- ❑ Please No Food or Drinks in the arena or pastures.
- ❑ Please dispose of all trash in receptacles located in and around the facility.
- ❑ To avoid the risk of choking, please refrain from having any items such as chewing gum and/or candy in your mouth while on horseback.
- ❑ Please remember: Chewing Gum is not allowed at anytime, anywhere on the property.

PROPER ATTIRE IS REQUIRED

- ❑ Decorum and respect should prevail, so please be tasteful - no holes, tears, extremely loose clothing or revealing (or see-through clothing). Shorts must be no shorter than 3 inches above the knees.
- ❑ No “Tank Tops”, Spaghetti Straps (tops are not to be cut so low as to expose cleavage or so short as to expose midriffs or lower backs). Shirts with sleeves (or short sleeves) are encouraged, however, for riders shirts with sleeves are mandatory.
- ❑ Shirts must be worn at all times. Students or campers may not wear any vulgar, obscene or otherwise inappropriate symbols, language, or wording on clothing. This includes clothes that display any wording or illustrations of drugs, alcohol, tobacco products, violence, sexual behavior, or any other inappropriate message.
- ❑ For comfort, long pants are required for riders. Riding breeches are encouraged. To maintain a level of modesty while performing certain barn/riding tasks, we ask that all pants be at or above your natural waistline. No leggings or low riding pants will be permitted. Also, for safety reasons, pants should not drag the floor nor be adorned with metal or plastic chain, handcuffs, or other accessories. (Jeans are acceptable).
- ❑ For safety reasons the following items are not allowed: jewelry, belts such as spiked wristbands, chokers, etc., and wallet chains (or chains of any sort). No spiked accessories of any kind are permitted.
- ❑ For safety reasons, earrings are limited to “small ear posts”. Dangles, Loops, or heavy jewelry could get caught and is therefore unsafe.
- ❑ While being around horses, footwear must be sturdy with a closed toe and a strong sole for support. It must have a square, at least ½” heel (tennis shoes or shoes without heels are unsafe for riding and are therefore not permitted). Sandals and “Flip Flops” are not permitted in areas outside the office and lounge.
- ❑ Long socks are required for riders. **No Socks = No Loaner Boots**

FINANCIAL CONSIDERATIONS and GENERAL REFUND POLICY:

- ❑ **CLASS CANCELLATIONS DUE TO UNFORSEEN CIRCUMSTANCES-** The management reserves the right to cancel any class due to unforeseen circumstances. If this should happen, you will be promptly notified and rescheduled at no additional cost.
- ❑ **LATE PAYMENTS -** All invoices are considered past due after 30 days, and interest will accrue at 1.5% monthly.
- ❑ A \$30.00 service charge applies to all returned checks.
- ❑ There are no refunds for missed sessions. However, refunds may be issued if the participant moves outside of a 60-mile radius from the facility. Proof of move is required.

- ❑ Non-attendance does not imply that you have withdrawn from a class. Withdrawal notices must be submitted in writing. The withdrawal date will be used as the date for which all, if any, refunds will be calculated. The withdrawal notice and a refund request must be done in the same program year the withdrawal took place.
- ❑ Monthly payment plans are payable in advance by the first day of each month. Billing months are equivalent to calendar months and are calculated from the 1st day of the current month to the last day of the current month. No partial month refund will be given and no new additional monthly payments will be processed. For example: Semester Program Riders will be refunded for any whole month(s) remaining in the semester.
- ❑ Paid-in-full customers – Any credit remaining on the account past the down payment amount will be refunded in whole billing months that remain in the program year. No refunds are issued after June 1st.
- ❑ RCP (Rider Certificate Program) the initial down payment is non-refundable for both paid-in-full customers and those making monthly payments. The down payments are specified on the RCP registration form.
- ❑ Please consult the **AAES Refund Policy** for additional information.

DISMISSAL:

- ❑ We reserve the right to dismiss any participant from the program who does not comply with the facility rules or policies and/or exhibits destructive or dangerous behavior. The participant (and his/her parents, if the participant is under age) will forfeit any and all tuition monies paid.

BARN and ARENA RULES

- ❑ To ensure the safety and wellbeing of our riders AAES requires ALL riders to wear a properly fitted, ASTM/SEI approved equestrian helmet while riding.
- ❑ Please refrain from feeding any horse (other than your own) without prior permission from the owner. School horses can have carrots and cut-up apples (but you must obtain permission from the Academy Management).
- ❑ No running down the aisles or around the horses.
- ❑ Please announce your entry and exit from the arena. “Door” or “Tür frei” will suffice.
- ❑ When using the arena: Pass left to left, Walk stays off track, Circle stays off track, Walk always gives right of way.
- ❑ Pet(s) are not permitted on the property.
- ❑ Please use cold water only when cleaning the wash stall areas.
- ❑ The last is responsible for turning off lights when they are the final person to leave the arena.
- ❑ The outdoor arena is open when the footing is dry or moist. In wet conditions, the outdoor arena cannot be used.

PASTURE RULES

- ❑ For safety reasons, no boarder, student, visitor or friend is allowed in pasture area.

TRAIL AND BRIDLE PATH RULES

- ❑ For the duration of Construction of the Hamlet at Wulf Crest Farm, all trails are closed and are **not** available for use.

CANCELLATION POLICY:

- ❑ If you should need to cancel and reschedule your lesson a minimum of **24-hour notification is required.** No credits/refunds or make-up lessons will be scheduled if the minimum requirement is not met unless the cancellation is due to an emergency.
- ❑ Illness: If AAES is notified before 8 AM on the day of the illness the class/lesson may be rescheduled.
- ❑ In the case where a child is being sent home sick from school the class/lesson may be rescheduled - provided AAES is notified immediately after the school notifies the parent.
- ❑ Emergencies (illness or death in family, etc.) will be handled on a case by case basis.

I have read and understand the Cancellation Policy:

Print Name _____ Date: _____

Signature _____

We thank you for your cooperation in helping us maintain our facilities clean, safe, and healthy.

I have read and understand the Academy Program Policies and will abide by them.

Print Name _____ Date: _____

Signature _____

PHOTO WAIVER:

Photographs may be taken of you and/or your children, dogs or horses in the course of participation in any of our programs or camps. We reserve the right to use these photographs in any of our brochures, catalogues, advertisements, website or other promotional material. ***By signing this form, you agree to let us use any picture in which you or your children may be present without seeking any prior approval. If you do not agree, please fill in the name of the person(s) below in the space provided for this.***

I do not want photos taken of:

Print Name

Print Name

Print Name

<p>Would you like to receive updates and special offers via email? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please tell us how you heard about us:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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REFUND POLICY

AMERICAN ACADEMY OF EQUESTRIAN SCIENCES

The American Academy of Equestrian Science's top priority and foremost goal is to provide excellent horsemanship education coupled with outstanding customer service. We understand that unforeseen situations may arise in which you have to withdraw from the program. *Make-up lessons are happily offered for all programs, all we ask is a minimum of 24 hours' notice of cancellation prior to your scheduled lesson. Make up lessons must occur prior to the end of the current semester.* Our general refund policy is as follows:

RIDER CERTIFICATE PROGRAM The initial down payment is non-refundable for both "paid-in-full" customers and those making monthly payments.

"PAID IN FULL" CLIENTS: Any credit remaining on the account over and above the down payment will be refunded based upon the next complete billing month. (Example: Cancellation notice given on January 10th will be recognized with the refund beginning as of February 1st.) No refunds will be issued for Cancellation Notices given after June 1st.

"MONTHLY PAYMENT" CLIENTS: No additional payments will be processed, as of the date of cancellation, unless there is a past due balance on the account.

SESSION PROGRAM, BOARDERS & LESSEES

"PAID IN FULL" CLIENTS (Annual or Semester): Refunds will be based upon the next complete billing month through the end of the session or semester, whichever is appropriate. (Example: Cancellation notice given on January 10th will be recognized with the refund beginning as of February 1st.) No refunds will be issued for Cancellation Notices given after June 1st.

"MONTHLY PAYMENT" CLIENTS: No additional payments will be processed, as of the date of cancellation, unless there is a past due balance remaining on the account.

CAMP KODA CLIENTS: Credit will be issued for future camps.

FOR ALL CUSTOMERS:

- Billing months are equivalent to calendar months and are calculated from the 1st of the current month to the 1st of the following month. No partial month refund will be given.
- There are no additional termination or service fees of any kind when a customer withdraws in good standing.
- Students who are terminated from the program for violation of the rules and policies of the barn will forfeit all tuition monies paid.
- Nonattendance does not imply that you have withdrawn from a class.
- Withdrawal/Cancellation notice must be submitted in writing. The withdrawal/cancellation date will be used as the date for which all, if any, refunds will be calculated. Withdrawal/Cancellation notice must be given and a refund requested in the same session year in which the withdrawal took place.