

*The Riding School*  
STUDENT INFORMATION

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred communication:

☐

Call

☐

Text

☐

Email

Allergies or Relevant Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

Riding Experience: \_\_\_\_\_

\_\_\_\_\_

Date of first lesson: \_\_\_\_\_

The Riding School bills at the beginning of every month for tuition through Paypal. Please set up an account if you do not have one already.

Paypal Account Email: \_\_\_\_\_

I have read and agree to The Riding School's policies listed on our website.

Initial \_\_\_\_\_

I have signed the Liability Waiver.

Initial \_\_\_\_\_

If you have a photo or video of your child you would allow us to use on social media, please email to [TheRidingSchoolatBerryPlains@gmail.com](mailto:TheRidingSchoolatBerryPlains@gmail.com)