



**WFHS Equestrian Team
Registration Form
2020-2021**

Circle One: New Registration / Renewal

Participant Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____ (Mother)

Cell Phone: _____ (Father)

Cell Phone: _____ (Rider optional)

Email Addresses: _____ (Parent/s)

_____ (Rider optional)

Parent or Guardian Name(s) _____

Varsity Team -High School Grade 2020-2021 _____

JV Team -Middle School Grade 2020-2021 _____

Please select all other organizations in which you are a member:

___ USEF ___ USHJA ___ USPC ___ AQHA ___ 4H

Have you ridden before? Y/N _____

If so, how many years have you had lessons? _____

Are you currently riding with a barn/trainer & who? Y/N _____