



OAK CREEK RANCH
& RIDING ACADEMY

RECORD FORM

(Circle one) Volunteer/Student/Boarder/Other _____

NAME: _____ DOB: _____

ADDRESS: _____

PHONE:

(H) _____ (C) _____ (W) _____

PARENT'S OR LEGAL GUARDIAN: _____

CONTACT IN CASE OF EMERGENCY: _____

PHONE NUMBER'S: _____

DOCTORS: _____ PHONE: _____

HOSPITAL: _____

ALLERGIES: _____

LEVEL OF RIDING AND EXPERIENCE: *(please circle)*

BEGINNER

INTERMEDIATE

ADVANCED

SHOWING

NUMBER OF YEARS RIDING: _____ EXPERIENCE: _____

ANY SPECIAL INSTRUCTIONS: _____
