

Student Registration Form

Business Name: Elite EquiAcademy

Instructors: Vahideh Lashgari, Maz Nassif

Address: 4252 Davis Drive, Cedar Valley, ON L0G 1E0

Student Information

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Parent/Guardian Name (if under 18): _____

Phone Number: _____

Email Address: _____

Emergency Contact Name & Number: _____

Riding Experience

Have you taken riding lessons before? YES ☐ NO ☐

If yes, how long? _____

Any medical conditions or allergies we should be aware of?

Lesson Registration

Preferred Start Date: _____

Assessment or First Lesson: YES ☐ NO ☐

Number of Weekly Lessons Requested: _____

Preferred Days/Times: _____