



Horsemanship Registration Form

Student Name _____ Age/DOB _____

Parent/Guardian _____

Address _____

Home Phone _____ Mobile Phone _____

Email _____

Emergency Contact Name _____ Phone _____

Student Allergies _____

Student medications _____

Other Special Considerations/Restrictions _____

Parent/Guardian Signature _____ Date _____

CIRCLE DAYS_ Full Week ___ MON ___ TUES ___ WED ___ THURS ___ FRI ___ SAT ___ SUN ___

DATES _____

Signed Rider Release Forms will be required to Participate