

INFORMATION SHEET (Please Print Clearly)

Please circle what you are signing up for: **Lessons** **Camp** **Birthday Party** **Boarding** **Other**

Please check top 2 preferred times for lessons, we will try our best to make one work: (Traditional School or Track Number _____)

___ Mon 4:30-6:00 ___ Tues 4:30-6:00 ___ Wed 4:30-6:00 ___ Thurs 4:30-6:00

___ Mon 6:30-8:00 ___ Tues 6:30-8:00 ___ Wed 6:30-8:00 ___ Thurs 6:30-8:00

Name of Student: _____ Age: _____

Parents: Mother: _____ Father: _____

Telephone: Mother: (H) _____ (C) _____ (W) _____

Father: (H) _____ (C) _____ (W) _____

Email address: _____

Student Address: _____

Emergency Contact (Other than Parent): _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

Physician: _____ Telephone: _____

Allergies: _____

Previous or current Injuries: _____

Any other information/condition we need to be aware of: _____

Previous Riding Experience: _____

Signature: _____ Date: _____

How did you hear about us: _____

____ Waiver ____ Financial Consent ____ Attire ____ Deposit (non refundable) ____ Amount Received