



Registration Form

Rider name: _____

Address: _____ City _____ Zip _____

Age/DOB _____

If minor, Parent/Guardian' names _____

Cell Phone: _____

Email: _____

Emergency Contact: _____

Horse's name, age, breed if using your own horse _____

What is your (or your child's) experience with horses?

What goals do you (or your child) hope to achieve with your riding lessons?

Do you have any medical issues, physical limitations, fears, or any concerns you would like to share in order to give you the best experience possible?