



## Summer Mornings Rider Registration 2020

NEW RIDER INTAKE (confidential)

Preferred Session Dates:

\_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Height** \_\_\_\_\_

**Name of School:** \_\_\_\_\_ **Do you have transportation to and from Talisman:** \_\_\_\_\_

**Brothers/Sisters:** \_\_\_\_\_

**Interests, Hobbies, Sports:** \_\_\_\_\_

**Pets:** \_\_\_\_\_ **Any Horse Back Riding Experience?** \_\_\_\_\_

**Allergies and Medical Conditions such as diabetes, seizures, dizziness, asthma, heart condition:**

\_\_\_\_\_ **Current Medications:** \_\_\_\_\_

**Physical challenges: lifting** \_\_\_\_\_ **standing** \_\_\_\_\_ **running** \_\_\_\_\_

**Any fears or concerns:** \_\_\_\_\_

**Goals:** \_\_\_\_\_

Release signed: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Name

Date

Parent/Guardian Signature

Date