



Horseback riding lessons ...and more!

Homeschool Horse Class Registration

*Student name: _____ Birthdate: _____ Age: ____ Gender: _____

Home address: _____

*Parent/Guardian name: _____ Email: _____

Home address (if different from student): _____

Cell phone (best contact #): _____ Secondary contact # (home/work): _____

*Second parent/Guardian name: _____ Email: _____

Home address (if different from student): _____

Cell phone (best contact #): _____ Secondary contact # (home/work): _____

List any people who are authorized to pick your child up (note: they must present ID):

Allergies (list any food, drug, plant, animal or other allergies): _____

Chronic or recurring medical and/or behavioral conditions: _____

Please let us know of any other special needs/concerns/considerations (including any dietary restrictions) regarding your child (please attach separate sheet if necessary):

Parent/Guardian signature

Date