



Rider Registration Form

Personal Information

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Gender: ☐ Male ☐ Female ☐ Other: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information

Contact Name: _____

Relationship: _____

Phone Number: _____

Alternate Phone: _____

Medical Information

Do you have any medical conditions we should be aware of?

Allergies (including medication, food, etc.):

Current Medications:

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Physician's Name: _____

Physician's Phone: _____

Riding Experience

How many years have you been riding? _____

Discipline(s) you ride: _____

Skill Level: ☐ Beginner ☐ Intermediate ☐ Advanced

Do you own or lease a horse? ☐ Yes ☐ No

Horse's Name (if applicable): _____

Goals for riding lessons or participation:

Acknowledgment and Signature

I hereby declare that the information provided is true and complete.

I acknowledge the risks involved in horseback riding and agree to abide by all safety rules and regulations.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

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