

# CADENCE EQUESTRIAN CENTER RIDING ACADEMY REGISTRATION FORM

## **BILLING INFORMATION:**

EMAIL ADDRESS (INVOICES SENT VIA EMAIL) \_\_\_\_\_

RESPONSIBLE PARTY'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

## **PARENT INFORMATION (fill out if rider is a minor):**

FATHER'S NAME: \_\_\_\_\_ HM PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WK PHONE: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ HM PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WK PHONE: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

## **EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ HM PHONE: \_\_\_\_\_

WK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

## **STUDENT INFORMATION:**

NAME \_\_\_\_\_ CIRCLE ONE: M F

BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

### **RIDING LEVEL (CIRCLE ONE):**

VERY BEGINNER      BEGINNER      INTERMEDIATE      ADVANCED

*LIST PREVIOUS EXPERIENCE WITH HORSES* \_\_\_\_\_

*LIST ANY SPECIAL NEEDS OR HEALTH PROBLEMS* \_\_\_\_\_

*IS THERE ANY INFORMATION THAT MAY HELP US INSTRUCT THE STUDENT?* \_\_\_\_\_

*WHAT DOES THE STUDENT HOPE TO GAIN FROM RIDING?* \_\_\_\_\_

*WOULD STUDENT LIKE TO PARTICIPATE IN HORSE SHOWS ON ONE OF OUR SCHOOL HORSES IN THE FUTURE?* \_\_\_\_\_

*DO YOU FORESEE EVER WANTING TO PURCHASE OR LEASE YOUR OWN HORSE?* \_\_\_\_\_

\_\_\_\_\_

## CEC HEALTH INFORMATION SHEET

### **Child Rider:**

Rider's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Special Instructions, Allergies or Medical Conditions: \_\_\_\_\_

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Preferred Hospital: \_\_\_\_\_ Insurance Company & Policy #: \_\_\_\_\_

### **Adult Rider:**

Rider's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Special Instructions, Allergies or Medical Conditions: \_\_\_\_\_

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Preferred Hospital: \_\_\_\_\_ Insurance Company & Policy #: \_\_\_\_\_

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*Every reasonable effort will be made at the time of an accident or illness to contact parents, guardians or spouses without delaying medical treatment. In the event that parents, guardians or spouses can not be reached and medical care is required in an emergency, the undersigned do hereby consent to medical treatment and hospital service that may be necessary under the general or specific instructions of a hospital or physician. As parent or guardian of the above child rider or as an adult rider, I do hereby agree to ALL responsibilities for medical or other expenses that might occur as a result of injury during any or all activity at Cadence Equestrian Center, LLC.*

Signed: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent /Guardian of Minor or Adult Rider)*

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