



## Registration Form

### Participant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

### Allergies/Medical Conditions

*Please list behavioural concerns, learning disabilities or anything else that will help us support you/your child*

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### Goals

*Tell us why you've picked horseback riding and what you would like to achieve through your lessons with us*

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