

Rider Name: _____

Age: _____ Date of Birth: _____ Height: _____ Weight: _____

Experience Questionnaire for Rider:

Have you ridden before? Please describe (ie lessons, pony rides, trail rides, etc)

Do you know how to:

- Walk and steer independently? Y / N
- Trot on a lead? Y / N
- Trot and steer independently? Y / N
- Canter on a lunge line? Y / N
- Canter and steer independently? Y / N
- Jump? Height: _____ Y / N

Parent/Guardian Name: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Rider Important Medical Conditions: _____

Rider Allergies: _____

Rider Medical/Insurance Information:

Company: _____ Group Number: _____

Policy Holder: _____

I certify that the above information is correct, current and true:

Parent/Guardian Signature

Date