

Windswept Stables

RIDER/PARTICIPANT REGISTRATION FORM

****MUST BE COMPLETED AT OR BEFORE FIRST SCHEDULED ACTIVITY AT WINDSWEPT****

PARTICIPANT NAME: _____

ADDRESS: _____ Phone: _____

_____ E-Mail: _____

If participant is under 18 years:

Name of Parent/Guardian: _____

Address: _____ Phone: _____

_____ E-Mail: _____

SECONDARY/EMERGENCY PHONE: _____

BIRTH DATE: _____ AGE:(Under 18 years) _____ HEIGHT _____ WEIGHT _____

NOTE: RIDERS OVER 185 POUNDS MAY NOT BE PERMITTED TO RIDE. YOUNGER HORSES MAY NOT BE ABLE TO BALANCE THEMSELVES AND THE RIDER, THUS CREATING AN UNSAFE SITUATION. OLDER HORSES MAY NOT BE ABLE TO HANDLE THE ADDITIONAL WEIGHT, THUS CREATING AN UNSAFE SITUATION FOR BOTH THE RIDER AND THE HORSE.

PREVIOUS RIDING EXPERIENCE (indicate years, type of riding, name of stables and/or instructor, if participated in camp, lessons, etc

Riding Style: ___ Western ___ English ___ Dressage ___ Hunt Seat

GOALS: ___ Hobby ___ Trail Riding ___ Showing ___ Own/Lease a Horse

___ Therapy ___ OTHER(specify): _____

SPECIAL CONSIDERATIONS: To assure safety and a positive riding/therapy experience, certain other information is helpful to aid in working with the rider/participant. Please describe any condition or concern that may affect the participant's ability to learn to ride or participate in the specified activity.

MEDICAL/PHYSICAL CONDITIONS (such as seizures, asthma, allergies, visual or hearing impairments, back problems or other injuries): _____

EMOTIONAL / BEHAVIORAL / LEARNING CONCERNS (such as ADHD, slow learner, anxious):

EMERGENCY CONTACT INFORMATION

PARTICIPANT'S MEDICAL INSURANCE
COMPANY: _____

MEDICAL INSURANCE IDENTIFICATION
#: _____

PRIMARY CARE PHYSICIAN: _____

PREFERRED HOSPITAL: _____