

Riding Health & Information Form

To be completed by a legal guardian/parent/responsible person for minors interested in horseback riding lessons.

Name of Student: _____

Age: _____

Do you certify that your child is in good basic health?

Please pick one option. (The same physical fitness required to participate in a school or club sport)

- Yes
 Yes, with limitations (please explain in detail)

Parent/Responsible Party Initials _____

Does your child have any special needs?

If yes, please explain with as much detail as possible.

Parent/Responsible Party INITIALS _____

Is your child easily frightened in new situations?

- Never
 Often
 Occasionally

(Please provide details)

How many other sports/activities outside of school is your child participating in?

(Please list, with practice times)

Level of riding experience and disciplines?

Absolute Beginner: Never been near or around horses

Some Riding: Casual, trail riding, a few lessons, etc.

Disciplines: **Western** (specify:pleasure, equitation, etc)

Beginner: Very little experience, loves horses

Intermediate: Has had lessons--please specify

English (specify-dressage, hunt, jumping, etc)

Parent/Responsible Person Name & Contact information--Email AND Phone, preferred:

Emergency Contact Name & Contact Information: (Phone)