

MOONRISE FARM RIDING APPLICATION

Date: _____ **Client Name:** _____

Birth Date: _____ Age: _____ Sex: _____ Height: _____ Weight: _____

Address: _____

Email: _____

Parent/Guardian: _____ Phone _____

Emergency Contact Person: _____ **Emergency #:** _____

Date of last **Tetanus** shot: _____

Please list any Allergies

Medications currently using that might impact riding/student safety:

***For those who plan to take more than one or two lessons, please think about and write what you feel are your/your child's goals for the riding program at this time?

Skills in Horsemanship: _____

Personal/Emotional: _____

Behavioral: _____

Social: _____

Other? _____

