

STUDENT INFORMATION

Name _____ Date of Birth _____

Address _____

Parent or Guardian _____ Home phone _____

Notify in Emergency _____ Phone _____

Does Green Heron Farm have permission to seek emergency medical care if necessary?
If yes, it must be written. _____

Has a liability waiver been signed? _____
(Each rider must have a signed liability waiver on file before being mounted.)

Has the rider had a current tetanus shot (within 5 years)? _____

Does the rider have any known allergies? _____

Does the rider have any known physical disabilities or limitations of which the staff
should be aware? _____ If yes, explain.

Is the rider currently taking any medication regularly? _____
If yes, what? _____

Does the rider have any riding experience? _____ If yes, explain.

Does the rider participate in any other activities such as dance, music, gymnastics, or
organized sports? _____ If yes, explain. (This question helps to
determine body awareness, ability to follow directions and helps us to communicate with
the rider through familiar terms and by making analogies.)

Height _____ Weight _____ Hat Size _____

What do you, as the rider, hope to learn through this program? (Goals or objectives)

