

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Legal Guardians (if under 18): \_\_\_\_\_

Emergency Contact name and phone: \_\_\_\_\_

Prior Experience with Horses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Why have you chosen to participate in horse activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

What are your goals and expectations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Participant's Birthday (month and day): \_\_\_\_\_