Riders Name: Birthdate:

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| --- | --- |
|  |  |

Parent or Legal Guardian (if Rider is a minor):

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|  |

Address:

|  |
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|  |

City: State: Zip:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Contact Email: Name:

|  |  |
| --- | --- |
|  |  |

Cell Phone: Do you text: Yes or No

|  |  |
| --- | --- |
|  |  |

Emergency Contact Name: Number: Relationship:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Previous Riding Experience? Yes\_\_\_\_\_ or No\_\_\_\_\_\_

If yes, please describe:

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| --- |
|  |

Please tell us how you learned about Mill-Again Stables:

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|  |

Are there any special medical conditions we should know about?

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