

Harmony Equestrian Center, LLC

Student Information

Information:

Student's Name _____ Date of Birth _____

Address _____

Telephone: Home _____ Work _____ Cell _____

Email Address _____

If Student is Under 18 years of age:

Parent or Guardian _____

Relationship to Student _____

Address _____

Telephone: Home _____ Work _____ Cell _____

In an emergency, who should be contacted? _____

Telephone: _____

Background

How long have you been riding? _____

What do you feel is your current level of riding? Beginner Intermediate Advanced

Style of Riding _____

Locations _____

Do you have any medical problems that we need to be aware of? _____ If yes,
please explain: _____

Do you have any allergies (food, drug, bees, etc.)? _____ If yes, please
explain _____

How did you hear about Harmony Equestrian Center, LLC? _____

Please Note: All information contained in this form will be kept confidential.