



DATE: _____

Pletch Equestrian Center Registration Form

Rider Name		Rider Phone Number	
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Emergency Contact Name and Number	
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Billing Email address	
Address	

Rider DOB	
Rider Height	
Rider Weight	

Do you have any current or previous physical conditions that might contribute to the inherent risk of equine-related activities, or that require some special accommodation? If so, please describe.

Riding History/Experience

Complete if under age of 18

Mother's Name		Phone		Email	
Father's Name		Phone		Email	