



RIDING LESSONS APPLICATION

Before we can schedule your lesson, we MUST RECEIVE THIS APPLICATION AND A SIGNED 'NON-BOARDER RELEASE OF LIABILITY' FORM from you. Please fill this form out completely and return as soon as possible.

NAME: _____ **DATE:** _____

FULL ADDRESS: _____

PHONE (H): _____ **(C):** _____ **(W):** _____

AGE: _____ **BIRTHDATE:** _____

HEIGHT: _____ **WEIGHT:** _____

RIDING EXPERIENCE (CIRCLE ONE):

None Have Ridden Have Taken Lessons Have Attended Camp

PLEASE DESCRIBE RIDING EXPERIENCE IN MORE DETAIL:

DESCRIBE ANY PHYSICAL AILMENTS or DISABILITIES THAT MAY AFFECT YOUR ABILITY TO PARTICIPATE IN HORSEBACK RIDING ACTIVITIES:

LIST ANY CURRENT MEDICATIONS:

FAMILY DOCTOR'S NAME AND PHONE:

FOR AN ADULT RIDER:

Print Adult's Name.

Adult's Signature.

FOR A CHILD RIDER (UNDER 18):

Print Child's Name.

Print Parent/Guardian Name.

Parent/Guardian Signature.

DATE: _____

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