



Rider Registration Form 2014 Season

Child Name: _____

Age: _____ Date of Birth: _____

Guardian Names: _____

Address: _____

Cell Phone: _____ Hm Phone: _____

E-Mail: _____

Riding Experience: _____

Medical Needs (i.e. allergies, etc.) _____

Physician: _____

Phone: _____

Emergency Contact Information

Contact 1: _____

Cell Phone: _____

Hm Phone: _____

Contact 2: _____

Cell Phone: _____

Hm Phone: _____

Please drop off signed forms to Alison Weissman. All forms can be found at www.freedomridersacademy.com/information

A signed Release Form MUST be included with the registration.

Please enclose full payment with registration form.

Please Note: these three items must be received before the first lesson.

