Country Day Stables — Equestrian Participation Form

Rider's Full Name _____
(Please Print In Ink) Last First MI

Nickname_____ Birthday _____/_____/_____ Age_____

_____
Address City Zip

Home Phone_____ E-Mail_____

Riding Experience: _____

School Attending: _____

Family Information

Should weather conditions force us to postpone, list numbers where you may be reached on short notice:

Mother: Name_____work phone _____ cell_____

Father: Name_____work phone _____ cell_____

Local Emergency Contact_____Home Phone_____

Relation to Child (i.e.: grandparent, aunt, friend)_____Cell Phone_____

Health Information

Allergies/Special Concerns_____

Permission to take:

Acetaminophen	_____	No	_____	Yes	_____	Children	_____	Jr	_____ Adult
Ibuprofen	_____	No	_____	Yes	_____	Children	_____	Jr	_____ Adult
Benadryl	_____	No	_____	Yes	_____	Children	_____	Jr	_____ Adult

Permission to apply:

Topical Anti-Itch Spray/Cream	_____	No	_____	Yes
Antibiotic Ointment	_____	No	_____	Yes

Parent or Legal Guardian

☐ **Riding Lesson Program**
☐ **Paddock Club: __Saturday __Wednesday**
☐ **$5 Registration Fee** (waived for Country Day students)

_____
(Please Print)

_____ _____
(Signature) Date

Rev 08/08