

ROLLING HILLS RIDING ACADEMY

STUDENT REGISTRATION

Date _____

Name _____ Age _____ DOB _____

Male _____ Female _____ Weight _____

Address _____ Phone _____

City _____ Office _____

E-Mail _____

Parent/Guardian _____ Ph: _____ Cell _____

Parent/Guardian _____ Ph: _____ Cell _____

Emergency Contact _____ Phone _____

Health Insurance: Yes _____ No _____

Insurance Company _____ Authorized Hospital _____

Allergies: Medications/Foods _____

Any physical conditions or illnesses the instructor should be aware of: _____

Please describe student's previous riding experience and background: _____

What do you want to accomplish in riding at Rolling Hills Riding Academy? _____

Parent/Guardian Signature _____

How did you hear about us?

News Paper Add _____

Flyer _____

Friend _____

Oro Valley Parks and Rec.

Internet _____

Arizona Daily Star Camp Guide _____

Other _____

I give Rolling Hills Riding Academy, permission to take pictures of my child while at horseback riding camp or in lessons. I give my permission for these photos to be used in various forms of advertising such as brochures, web pages, and ads in newspapers and magazines.

(Signature)