Canterbury Trails Equestrian Center

Personal Information Sheet

Name:_____ **M/F (_____)**
First MI Last Sex

Nickname _____

Address:_____
Street City State Zip Code

Birth Date: ____/____/_____ (If under 18) Parent Name: _____

Occupation: _____ **Home Phone: (___)**_____

Work Phone: (___)_____ **E-mail Address:** _____

If Student, what school: _____ _____ **Private: Y/N**
School Name Grade

Physician: _____ **Phone: (___)**_____

Emergency Contact: _____ **Relationship:** _____

Phone: (___)_____ **Do you wear glasses?** _____ **Contacts?** _____

Do you have any allergies? _____ **If so, please list:** _____

_____

Is there any known reason that would prevent you from participating in equine activities? If so, please explain

_____

Are you pregnant? _____ **Are there other circumstances we should know about? Y/N**

If yes, please list _____

Have you taken riding lessons before? _____ **If yes, when, where and for how long?**

_____

_____

Please fax this completed information form to Canterbury Trails at (706) 556-0363