LESSON APPLICATION
Haycroft Stables

RIDER'S NAME: (Last)_____: (First):_____:

ADDRESS :_____ Apt.
#;_____:CITY:_____;

POSTAL CODE:_____--_____: Date of Birth:_____19____: AGE :_____ Yrs.

HM. PHN. #: (___)-_____--_____; BUS. PHN.# (___)-_____--_____; FAX #;(___)-_____-_____;

e-MAIL:_____;

PARENT/GUARDIAN NAME:_____;RELATIONSHIP:_____;

IN EMERGERNCY, CONTACT:_____;RELATIONSHIP:_____;

PHN. #;(_____)-_____--_____:
Other:_____

Does the above Rider have any special medical conditions or personal needs that may be affected by participation in the Riding School Program? (ie. heart, vision, allergies, behavioural, diet, etc.) YES:____: NO:____:

If YES? Please
describe:_____

FAMILY DOCTOR NAME:_____; PHN #; (____)-____-_____;

RIDER'S ONT. HEALTH CARD #;_____;
It is recommended that all Rider/Students have their Identification, Health Card & Medic-Alert Bracelets with them at all times, while attending the Camp.

Rider's Riding History: * Is this the first time riding a horse/pony? YES:_____: NO:_____:
If, NO? Please indicate level of proficiency: (Check One.)
Beginner: (few rides):____;   **Novice:** (some lessons):_____; **Intermediate**: (Walk, Trot, Canter.):____;
Proficient: (advanced flat & jumping):____:
Advanced: (competitive level):_____;

Declaration: I, _____, named above as **"Rider" (over 18 yrs. of age) or, as Parent or Legal Guardian of the above named "Rider",** (circle one), hereby request permission to participate in the Haycroft Stable's Riding School Program and attest that I have the authority to sign and allow consent for, the above named "Rider". In addition, I agree that I have read and/or, have been made aware of the rules, regulations, procedures, protocols, risk factors, associated costs and fees, payment schedules and, other material facts, to my satisfaction, relating to the participation of the above named "Rider", and hereby give my consent for such participation. Further, I have signed the "Liability and Claims Waivers provided with this application" herein attached, and agree to be bound by all terms and conditions.

_____   _____   _____   _____
Print Name   Relationship   Signature   Date