

Horseplay Equestrian Center, LLC

2016 Registration

Date: _____

Name: _____

Address: _____

Phone (home): _____ Office: _____ Cell: _____

Emergency Contact: (1) _____ Phone: _____

(2) _____ Phone: _____

Medical Insurance (Required):

Subscriber's Name _____ Insurance Co. _____

Policy #: _____

Previous Riding Experience:

None Very little Considerable (please describe) _____

Please describe your level of comfort regarding riding & horse handling:

1. Independent & very confident in catching and haltering a horse, tying appropriate knots for standing or crossties, grooming and saddling
2. Confident w/minimal supervision in performing activities listed in (1.) above
3. Require supervision for all activities listed in (1.) above

Are there additional comments/information you wish to provide regarding your experience or expectations of riding at Horseplay? _____

Do you have any physical considerations (i.e. pain, previous injury, etc) that may affect the activity of riding and/or horse handling?

Please describe: _____

Phone: Cyndy DeMeter (808)345-4696 Angela Trevithick (808)756-0108