

# Horseplay Equestrian Center, LLC

## 2016 Registration

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mother's Phone (home): \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any considerations that may affect his/her physical or social activities?

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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konahorseplay.com