

**Wildwind Equestrian Center**  
**(248) 486-7433**  
**HORSE CAMP & TINY TOTS CAMP RIDER INFORMATION**

Mom's Name	Day Phone	Dad's Name	Day Phone
Address:		E-mail Mom:	
City/State/Zip		Email Dad:	
<b>Rider 1 Name:</b>		Age:	Height:
English Riding Experience: NONE _____ Can You...		Posting Trot?	Posting/ Trot/ Canter?
		Trot/ Canter/ Leads?	Jump/ Height?
<b>Rider 2 Name:</b>		Age:	Height:
English Riding Experience: NONE _____ Can You...		Posting Trot?	Posting/ Trot/ Canter?
		Trot/ Canter/ Leads?	Jump/ Height?

<b>Rider 1 Emergency Contact Name:</b>	<b>Phone:</b>
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**Medical History & Information**

Medical Insurance Carrier:	Policy Number:
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**IF MINOR, IN CASE OF MEDICAL EMERGENCY, I GIVE PERMISSION TO SECURE TREATMENT FOR MY CHILD**

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> PARENT SIGNATURE	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> SOCIAL SECURITY #
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Applicant must notify Wildwind at least 2 weeks prior to the session of any disabilities:  
 (List disabilities here)

Applicant Allergies or Other Conditions:	
Date of Last Tetanus Shot:	
I have read and understand the above information. The information I have submitted is complete and correct.	
<hr/> Parent Signature	

<b>Rider 2 Emergency Contact Name:</b>	<b>Phone:</b>
<b>Medical History &amp; Information</b>	
Medical Insurance Carrier:	Policy Number:
<b>IF MINOR, IN CASE OF MEDICAL EMERGENCY, I GIVE PERMISSION TO SECURE TREATMENT FOR MY CHILD</b>	
<hr/> PARENT SIGNATURE	<hr/> SOCIAL SECURITY #
Applicant must notify Wildwind at least 2 weeks prior to the session of any disabilities: (List disabilities here)	
Applicant Allergies or Other Conditions:	
Date of Last Tetanus Shot:	
I have read and understand the above information. The information I have submitted is complete and correct.	
<hr/> Parent Signature	

Mail Completed Form to:

**Wildwind Equestrian Center, Attn: Cindy Richards**  
**3935 W. Seven Mile Rd.**  
**South Lyon, MI 48178**