

Wildwind Equestrian Center
(248) 486-7433
HORSE CAMP RIDER INFORMATION
Week No ____ Dates _____

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

Rider 1 Emergency Contact Name:	Phone:
<u>Medical History & Information</u>	
Medical Insurance Carrier:	Policy Number:
IF MINOR, IN CASE OF MEDICAL EMERGENCY, I GIVE PERMISSION TO SECURE TREATMENT FOR MY CHILD	
_____ PARENT SIGNATURE	_____ 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	

Rider 2 Emergency Contact Name:	Phone:
<u>Medical History & Information</u>	
Medical Insurance Carrier:	Policy Number:
IF MINOR, IN CASE OF MEDICAL EMERGENCY, I GIVE PERMISSION TO SECURE TREATMENT FOR MY CHILD	
<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