

Jump For Joy Equestrian Center  
8940 Lazy Ridge Lane, Concord, NC 28025

Health Form

Rider Name and age:
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Rider Full Address:
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Cell Phone:	Contact:
Other phone:	Contact:
Emergency Phone:	Contact

Rider email:
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Parent or Gaurdian Email:
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List any illness or injury the rider has had in the past 3 months that might cause the rider any problem or issue with riding a horse or pony.:
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List any allergies the rider may have such as: bee sting, dust, grass, animals, food etc.: Be very specific!
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If you listed allergies please explain the riders reaction to the allergen, signs or symptoms to look for, the severity of the allergy, and what should the treatment be.

Does the student take any medication? If so please list medications and reason for the medication.

Does the student require a special diet or have dietary restrictions? Please explain:

Does the student have any physical limitations?

Medical release: I hereby give consent for my child to receive emergency medical treatment from medical personnel in the event in the event I cannot be reached in an emergency. In addition I give my child full permission to participate in activities conducted by Jump for Joy Equestrian Center.

Insurance name and policy#

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Parent /Guardian signature:

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Parent/ Gaurdian name

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