

Gray Star Riding: Rider Registration Form

www.GrayStarRiding.com

Program(s) – please check all that apply:

- Riding Lessons/Programs
- Shows/Events
- Trail Riding
- Boarding/Training

Current level of riding experience: 1 _____ 2 _____ 3 _____ 4 _____
 None 10 or more riding experiences

RIDER	NAME	Date of birth	
	Age	Height	Weight
	ADDRESS: Street		City
	Province		Postal Code
	PHONE: Home	Work	Cell
	email:		
	Known allergies:		
	Past injuries:		
EMERGENCY CONTACTS	Name:	Phone:	
	Name:	Phone:	

PHOTO RELEASE:

I hereby consent to and authorize the use and reproduction by Gray Star Riding of any and all photographs and/or any other audiovisual materials taken of me/my family member/my ward, for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: _____ Signature: _____