



South Horse Stables, LLC

Date: _____

Participant's name: _____

Date of birth: ____ / ____ / ____

Address: _____ (street)
_____ (city) _____ (state) _____ (zip code)

Email: _____

Home phone #: _____

Cell phone #: _____

Emergency contact: _____ **Phone #:**

Special problems, allergies, injuries, etc.: _____

Parent signature: _____ **DATE:** _____

Participant signature: _____ **DATE:** _____