

Seven Summits Riding Lessons

Application form

Please submit a separate form for each student

Today's Date _____

Students Name: _____

Sex: M / F Birthdate: _____ Age: _____

Parent 1/ Primary Contact:

Name: _____

Address: _____ Apt #: _____

City: _____ Prov: _____ Postal Code: _____

Home Tel: _____ Work Tel: _____

Cell: _____ Email: _____

Parent 2/ Secondary Contact:

Name: _____

Address: _____ Apt #: _____

City: _____ Prov: _____ Postal Code: _____

Home Tel: _____ Work Tel: _____

Cell: _____ Email: _____

Emergency Information Mandatory

Students Health Card # _____

Emergency contact if parents cannot be reached

Name: _____

Home Tel: _____ Work Tel: _____

Cell: _____

IF THERE ARE ANY MEDICAL CONCERNS OR OTHER INFORMATION WE SHOULD HAVE PLEASE WRITE ON BACK OF SHEET