

Yorktown Stables LLC

Client & Participant Information Sheet

Parent / Legal Guardian Information

Full Name: _____

Relationship to Child: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Home Address:

Street: _____

City: _____ State: _____ Zip: _____

Emergency Contact (if different):

Name: _____ Relationship: _____

Phone Number: _____

Child / Participant Information

Child's Full Name: _____

Date of Birth: _____

Age: _____

Gender (optional): _____

Primary Riding Discipline / Experience Level:

☐ Beginner ☐ Intermediate ☐ Advanced ☐ New Rider

Has the child ridden before? ☐ Yes ☐ No

If yes, please explain briefly:

Medical & Safety Information

Does the child have any medical conditions, allergies, or special needs?

☐ Yes ☐ No

If yes, please explain (include allergies, asthma, medications, or accommodations needed):

Is the child allowed to receive emergency medical treatment if a parent/guardian cannot be reached?

☐ Yes ☐ No

Program Participation

Services Participating In (check all that apply):

- ☐ Lessons
- ☐ Camps
- ☐ Leasing
- ☐ Shows
- ☐ Transportation
- ☐ Boarding

Photo & Media Release (Optional)

- ☐ I give permission for my child's photo/video to be used for Yorktown Stables LLC promotional purposes.
- ☐ I do NOT give permission.

Acknowledgment & Signature

I certify that the information provided above is accurate and complete. I understand that participation in equestrian activities involves inherent risks.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Yorktown Stables LLC