

# 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):

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**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:** \_\_\_\_\_

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