

ENROLLMENT APPLICATION FOR LESSONS PROGRAM

Please print the following pages and return to Black Diamond Friesians before the deadline by mail.

Personal information: Name of student _____

Address _____ City _____ State ____ Zip _____

DOB _____ Phone _____ email _____

Height _____ Weight _____ for purpose of horse matching

EMERGENCY CONTACT INFORMATION

If minor, parent or guardian name _____

Address if different _____

Phone _____ email _____

What allergies do you have? _____

Do you have any injuries or medical conditions we should about? _____

Are you currently on any medications? Yes _____ NO _____

If so, please list medications and directions for these medications. _____

Do you have asthma? Yes _____ No _____

If so, do you carry an inhaler with you at all times? Yes _____ No _____

PLEASE FILL OUT THE INFORMATION BELOW REGARDING YOUR PRIMARY PHYSICIAN

Physicians

Name: _____

Phone # _____ Office/Hospital _____

RIDING SURVEY

NAME: _____

What 3 activities are you most interested in?

1. _____ 2. _____

3. _____

Hours of riding and/or instruction in the last 6 months _____

What do you hope to gain from attending this program? _____

What are your areas of difficulty? _____

What will be your biggest challenges? _____

What are you most excited about? _____

What are your strengths around horses if any? _____

What are your strengths with riding if any? _____

Comments / Questions / Concerns? _____

Would like a professional photographer visit the farm and photograph you? _____

If yes, would you like to include more family members or friends? _____

Would you like pictures of you and the horses for any special occasion? _____

If so, what event? _____

Would your family be interested in a family farm day? _____

Would you be interested in a birthday party or other kids event at the farm? _____

If yes, What are the dates _____