



CAVALIA STABLES

RIDER REGISTRATION FORM

Client Name (Rider) _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Other Phone: _____

Zip: _____ Email: _____

Date of Birth: _____ Age: _____ q Male or q Female

Parent/Guardian (if under 18 years old): _____
(PLEASE PRINT CLEARLY)

Emergency Contact Person: _____ Phone: _____

Have you ever had a bad riding experience? q Yes q No

If yes, please describe: _____

Do you have any special needs or physical limitations? q Yes q No

If yes, please describe: _____

I am interested in: *(Please check all that apply)*

Improve Balance and Flexibility

Prepare for Horse Ownership

Experience a New Sport/Leisure Activity

Show Local/Beginner Level (Lease our horse Use Your Horse)

Show Regional/Nationals/Advance Level

Other (describe) _____

How did you find out about us? Promotional Flyer Newspaper Ad
 Friend—Name _____
 Other _____

**Note: If your information changes please notify us 30-days prior to change*

Initial _____ Date: _____ / _____ /20 _____

I consider myself (or the person riding for who I am signing on behalf as a minor) to be a:
 Complete beginner Beginner Novice Intermediate Advance

How many times have you/rider ridden in the past 12 months?
 None Under 12 12-40 40+

PHOTO RELEASE

I hereby consent to authorize the use and reproduction by Cavalia Stables of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities and exhibitions, or for any other use for the benefit of the center.

Date: _____ / _____ /20 _____ Signature: _____

*If you would prefer not to authorize photo release, please initial and date here: _____