www.pearlhavenranch.com

Pearl Haven Rider Registration Form

Program(s) – please check all that apply:

- ☐ Riding Lessons/Programs
- ☐ Shows/Events
- ☐ Trail Riding
- ☐ Boarding/Training

Current level of riding experience: 1 2 3 4

None *10 or more riding experiences*

RIDER	NAME	Date of birth
	Age Height	Weight
	ADDRESS: Street	City
	Province	Postal Code
	PHONE: *Home* *Work* *Cell*	
	email:	
	Known allergies:	
	Past injuries:	
EMERGENCY CONTACTS	Name:	Phone:
	Name:	Phone:

PHOTO RELEASE:

I hereby consent to and authorize the use and reproduction by Pearl Haven of any and all photographs and/or any other audiovisual materials taken of me/my family member/my ward, for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: _____ Signature: _____