



Lakes Region Riding Academy

26 Young Road
Gilford, NH 03249
Owner/Trainer
Julie Lawrence
603-707-7540

Rider Information Sheet

Name: _____ Age: _____ Sex: _____ Hgt: _____ Wt: _____
Address: _____ School: _____ Gr: _____

Family Doctor: _____
Phone: _____ Doctor Phone: _____
Mother's Name: _____ Medication: _____
Father's Name: _____ Insurance: _____
Siblings: _____ Further Medical Issues: _____
Emergency Contact: _____
Allergies: _____

Permission for transport to hospital and/or to receive medical treatment (every effort will be made to contact parent/guardian prior to leaving)

Parent/Guardian (print): _____
Signature: _____ Date: _____

Permission to leave property/attend field trips

Signature: _____ Date: _____

Riding Information – circle all that apply

Style of riding: English Western
Ability: walk trot/jog canter/lope jump other _____
Level: Beginner Advanced Beginner Intermediate Expert
Frequency: What is the normal amount of time that you spend riding? Hours _____ Minutes _____
When was the last time you rode? _____
Do you ride: Every day Every other day A few times a week to once a week
A few times a month to once a month every other month A few times a year
Once a year

Fears or Concerns: _____

Objective: _____