

Janet Keesling Stables
Rider Information Sheet

Student's Name _____

Home Address _____

Home Phone _____ Work Phone _____

Student's Birthdate _____ Cell Phone _____

Occupation _____

Place of Employment or Name of School _____

Work or School Address _____

In case of an emergency whom do we contact if we cannot reach a parent, spouse or guardian?

Does the student have any allergies? If yes, please describe.

Does the student have any diagnosed illness? For example: Diabetes, Epilepsy, etc.

Is the student taking any medications? If so, what are they?

Does the student have Dyslexia or any other learning disability? If yes, please describe.

If the student is a minor please answer the following questions.

Father's Name _____

Occupation _____

Place of Employment _____

Work Address & Phone _____

Mother's Name _____

Occupation _____

Place of Employment _____

Work Address & Phone _____