



**BLACKJACK
LANE**
Equestrian

RIDER

Rider's Name: _____ Birth Date: _____
Street Address: _____ Today's Date: _____
Town, State & Zip: _____

GUARDIANS

Guardian 1: _____ Guardian 2: _____
Cell: _____ Cell: _____
Home: _____ Home: _____
Email A: _____ Email A: _____
Email B: _____ Email B: _____

Which email should we use for the scheduling software? (circle only one)

Guardian 1: Email A Email B Guardian 2: Email A Email B

Which email should we use for billing? (circle one)

Guardian 1: Email A Email B Guardian 2: Email A Email B

MEDICAL RELEASE FORM

To better assist you/your child in times of need, please take time to fill out this form accurately. Please indicate below if you/your child has a history of: (please circle)

Asthma Fainting Seizures Broken Bones Learning Disability Loose Joints
Diabetic Dizziness Epilepsy Low Muscle Tone Problems Sweating Other

If any of the above are circled, or other pertinent medical history is needed, please explain: _____

Blackjack Lane Equestrian strives to provide an accessible environment for all persons. If you or your child requires any special accommodations due to medical situation or any mental or physical disability or condition, please inform a member of our staff and we will do our best to accommodate you/your child provided such accommodation would not compromise the safety of you/your child or increase the risk of injury to you/you child.

Medical Release: Blackjack Lane reserves the right to require medical clearance for any rider prior to that rider being allowed to participate (or resume participation following an injury) in activities at our facility. This can include, but may not be limited to, requiring a letter from a doctor confirming the rider may safely participate in or resume activities and is not at risk of increased injury. I understand that it is my responsibility to keep this information up to date.

Guardian Signature: _____ Date: _____
Printed Name: _____