



121 Haynes Hill Rd Brimfield, MA 01010

## Registration Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_ F \_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_ Work Phone \_\_\_\_\_  
\_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact 1. \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

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Medical Information to be completed by parent/guardian if person under 18

Do you have any allergies? \_\_\_\_\_ If yes, what is it? \_\_\_\_\_  
What kind of reaction do you have? \_\_\_\_\_  
Do you take any medications? \_\_\_\_\_  
If yes, what is it and when? \_\_\_\_\_  
\_\_\_\_\_

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Do you have any disorders or diseases of any kind? (diabetes, thyroid, asthma) \_\_\_\_\_  
If yes please describe \_\_\_\_\_

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Do you have any physical or any other limitations/restrictions? (dizzy spells, heat stroke, panic attacks) \_\_\_\_\_  
If yes please describe \_\_\_\_\_

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Have you had any horse riding experience? \_\_\_\_\_  
If yes when and where? \_\_\_\_\_  
\_\_\_\_\_

If yes how long have you been riding? \_\_\_\_\_

Date of last Tetanus Immunization \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### Medical Insurance Information

Insurance Company \_\_\_\_\_

Policy# \_\_\_\_\_

MEDICAL EMERGENCY AUTHORIZATION must be signed by participant or parent/guardian (if person is under 18 years of age) to participate in lessons and/or any other activities at Fairview Farms. NO CHILD will be permitted to register without parent/guardian signature.

I, \_\_\_\_\_ of \_\_\_\_\_ am the  
Parent/guardian city/state  
\_\_\_\_\_, a minor  
Relationship participants name

Who is attending Fairview Farms. I hereby give my consent that in the event of a serious illness or injury the Fairview Farm staff may authorize, initiate, or employ any treatment deemed necessary by appropriate licenses emergency personnel.

\_\_\_\_\_  
Rider signature

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)