

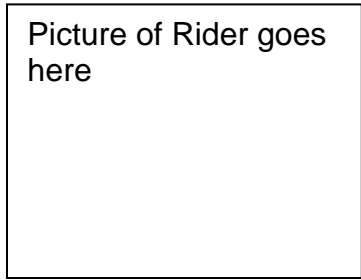


Rider Information
Jester Park Equestrian Center
Camp Program



Rider: _____

Gender: Female / Male



Date of Birth/Age: ____/____/____

Camp Attending: _____

A. Primary Contact: (Does Rider live at this address: Yes / No)

Relationship to Rider: _____ (Parent / Legal Guardian)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

B. Secondary Contact: (Does Rider live at this address: Yes / No)

Relationship to Rider: _____ (Parent / Legal Guardian)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

C. Rider Contact Info. (if different from A or B. above)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Special Riding Accommodations: _____

Safety Accommodations: _____

Known Allergies: _____

JPEC Use Only:

Release Waiver/ Date: _____

Primary Horse: _____

Secondary Horse: _____