

Nederland Equestrian School
Registration / Emergency Information

Student Name _____ Date of Birth _____ Age _____

Address _____

Mothers Name _____ Home phone _____

Work phone _____ Cell or Pager _____

Email address _____

Fathers Name _____ Home phone _____

Address _____

Work phone _____ Cell or Pager _____

Email address _____

Name of Insurance Company _____ Group or ID # _____

Family Doctor _____ Phone _____

Family Dentest _____ Phone _____

List any significant or on-going health conditions. (Allergies, asthma, birth defects, diabetes, epilepsy, ear dis-
ease, vision or hearing problems, medication etc.)

I hereby give my consent for medical treatment deemed necessary by physicians designated by Sheila Ranegar
and / or for transportation to a hospital emergency room for treatment for illness or injury. I understand this
authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

I hereby give permission for my son or daughter to be pick up by the follow people.

Names

Phone

(Signed Parent or Guardian)

(Date)