

HorsePlay Hippotherapy & Therapeutic Riding, Inc.
Rider Application

Rider Name: _____ Date: _____

DOB (dd/mm/yyyy): _____ Age: _____ Weight: _____

Male/Female

Parent(s)/LegalGuardian(s) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer/School: _____

Occupation (Father): _____ Work phone: _____

Occupation (Mother): _____ Work phone: _____

Email _____

Referred by: _____