

**Brickhouse Equestrian Center, LLC**  
**Student Information**  
**Lesson Program**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (h) \_\_\_\_\_ (c) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SCHOOL/EMPLOYMENT: \_\_\_\_\_

RIDING EXPERIENCE: \_\_\_\_\_

PERSONAL

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (h) \_\_\_\_\_ (c) \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (h) \_\_\_\_\_ (c) \_\_\_\_\_

EMERGENCY CONTACT (other than parents): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

MEDICAL

ALLERGIES: yes no EXPLAIN (if yes) \_\_\_\_\_

MEDICATION: yes no EXPLAIN (if yes) \_\_\_\_\_

MEDICAL PROBLEMS: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_