



14326 Boondock Lane
Montpelier, VA 23192
Telephone: (804) 883-3003

Rider's Name_____

Age_____ Date of Birth_____ Male or Female_____

Weight_____ Height_____ Date of Most Recent Physical Examination_____

Riding Experience_____ Style of Riding_____

Parents or Guardians_____

Phone Number(s)_____ Home _____ Work _____ Cell _____

E-Mail Address_____

List two additional emergency contacts other than parents:

Name	Relationship	Daytime Phone	Evening Phone
_____	_____	_____	_____
_____	_____	_____	_____

List any operations or serious injuries_____

List any additional information you feel is important concerning the rider's health:

Emergency Medical Consent Form

If you were unable to be reached and your child needed emergency medical treatment, do you know what would happen? Medical providers are prohibited by law from providing most kinds of emergency treatment without prior written consent.

To ensure that your child always receives the necessary care, complete this emergency medical consent form. Give an original to your child's caretaker and instruct them as to where to go in an emergency. Some hospitals supply these forms and will keep them on file. Check with your hospital.

In addition to this consent form, it is recommended you list personal, medical, insurance information and emergency contacts. Keeping a consent form with your child will ensure that he or she will receive emergency medical care whether you can be reached or not. To avoid such a situation, always leave instructions on where you will be and how you can be reached.

Name of Child/Children

Date of Birth

**Social Security
Number**

Address _____
Street City State Zip

Phone Number(s) _____
Home Work Cell

Primary Care Physician _____

Telephone Number (Office) _____ (After Hours) _____

Emergency Contact:

Name Relationship Daytime Phone Evening Phone

Allergies (list each child's name and any known drug or environmental allergies)

Significant medical problems (past and present for each child) _____

Current medication(s) for each child _____

Date of last tetanus shot for each child _____

Insurance Information: Child/Children

Member Number

Insurance Company _____ Telephone Number _____

Address _____

Subscriber Name _____ Relationship _____

Employer Name _____ Group Number _____

Address _____

Do you have other insurance? YES NO (Circle One) If yes, please list:

TO EMERGENCY MEDICAL PROVIDERS

This is to authorize emergency treatment for (insert name of child/children)

Date _____

Parent's name (please print) Signature Telephone Number

Parent's name (please print) Signature Telephone Number

Witness name (please print) Signature Telephone Number

Witness name (please print) Signature Telephone Number



14326 Boondock Lane
Montpelier, VA 23192
Telephone: (804) 883-3003

Please read and sign below. Parent/Guardian signature is required only if the rider is a minor.

I am unaware of any physical conditions that could prevent the rider from riding.

Signature _____
Rider Parent or Guardian Date

I have been instructed and I am aware of the dangers of not wearing an ASTM/SEI approved helmet when mounted and riding a horse. Therefore, I choose to wear ASTM/SEI helmets at all times.

Signature _____
Rider Parent or Guardian Date

I have read all waivers and forms and I understand the policies of Galloping Acres, LLC.

Signature _____
Rider Parent or Guardian Date