



RIDER APPLICATION FORM

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED
 IN ORDER FOR A STUDENT TO PARTICIPATE
 (except for the photo release, which is optional)

Jake E's Riding Round Up

10626 FM 429 Kaufman, TX 75142

(409) 972-962-2828 or (214)

www.JakeEsRR.com

Where the healing begins...

Name _____ Birth Date _____ Age _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____ Weight _____ Height _____

Home Phone _____ Cell Phone _____

Work Place _____ Work Phone _____

School or other educational institution attending _____

Diagnosis _____

If under age 18, please complete the following:

Father _____ E-mail _____

Employer _____ Work Phone _____

Mother _____ E-mail _____

Employer _____ Work Phone _____

In case of emergency, notify _____ Home Phone _____

Relationship _____ Work Phone _____

I am/My child is: ambulatory yes _____ no _____ verbal yes _____ no _____

I use/My child uses: wheelchair _____ crutches _____ braces _____ walker _____

I/My child: can _____ cannot _____ sit independently



PLEASE COMPLETE REVERSE SIDE

Rider's signature or if under 18 years of age, parent/guardian signature _____ Date _____

FOR OFFICE USE ONLY

Date application received _____ Date rider began riding _____