

# Seven Summits Riding Lessons

## Application form

Please submit a separate form for each student

Today's Date \_\_\_\_\_

Students Name: \_\_\_\_\_

Sex: M / F Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

### Primary Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Secondary Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Information Mandatory

Students Health Card # \_\_\_\_\_

### Emergency contact if above cannot be reached

Name: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

**IF THERE ARE ANY MEDICAL CONCERNS OR OTHER INFORMATION WE SHOULD HAVE PLEASE WRITE ON BACK OF SHEET**