

Horse Practicum Registration

Semester (check): Fall Spring Year: _____

Rider Information:

Rider Name (First & Last): _____

Local Address: _____

Home Address: _____

Email: _____ Phone: _____

Semester Standing if applicable (Fresh, Soph, etc.): _____

Lesson Information:

Previous Riding Experience: _____

First Choice (please check)

Program choices: Hunt seat Dressage Western Polo Trail Drill Team

Lesson Day, Time, and Level: _____

Second Choice (To be used if first choice lesson is full-please check)

Program choices: Hunt seat Dressage Western Polo Trail Drill Team

Lesson Day, Time, and Level: _____

Payment Information:

Type of Payment (please check):

Cash: Check: (check # _____)

Credit Card: (please check) MasterCard Visa Discover American Express

Name on Credit Card: _____

Amount Paid: \$ _____

Emergency Contact Information:

1. (Contact First) Name: _____ Relationship: _____

Phone: _____ Alt. #: _____

2. (Contact Second) Name: _____ Relationship: _____

Phone: _____ Alt. #: _____

Additional information you would want Emergency Medical Personnel to know:

In case of emergency, the ambulance will take you to the nearest or first available hospital, in most cases this is Windham Hospital in Willimantic, CT. If it is possible, do you have an alternative hospital preference?

I acknowledge that I have read and signed the required Acknowledgement/Consent form, have read and agree to

abide by the UConn Horse Barn Safety Rules and Regulations, Barn Rules, and Bio-Security Rules documents and

understand that NO REFUNDS are provided.

Signature: _____