

Horse Practicum Registration
Spring 2021

Rider Information

Rider Name: _____

Local Address: _____

Home Address: _____

Email: _____ **Phone:** _____

Semester standing: Freshman Sophomore Junior Senior Other: _____

Lesson Information

Previous Riding

Experience: _____

Program choices: Hunt Seat Dressage Western Polo Trail Drill

Lesson Day, Time, and Level: _____

Payment Information

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

Name on Credit Card: _____

Amount Paid: \$ _____

Emergency Contact Information:

1. (Contact First) Name: _____ Relationship: _____
Phone Number: _____ Alt. # _____

2. (Contact Second) Name: _____ Relationship: _____
Phone Number: _____ 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, Bio-Security Rules and documents and Current Covid Rules and understand that NO REFUNDS are provided.

Rider Signature: _____