

# THE HUMBLEHORSE RANCH

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[www.humblehorse.com](http://www.humblehorse.com)

## Client Contact Registration Information 2021

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent/Guardian:(if under the age of 18) \_\_\_\_\_

Enrolled In ( Circle one)

Lead-line      Pre Discovery      Discovery      Summer Camps      Riding Clinic

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

HealthCare# (s): \_\_\_\_\_

Allergies, Health Problems, Medication, Etc.(Please Specify):

\_\_\_\_\_  
\_\_\_\_\_

***In the event of an emergency involving a participant occurs and The Humblehorse is unable to reach the alternate emergency contact in a timely manner, I hereby authorize The Humblehorse staff to seek and instruct medical aid for the participant as is deemed advisable by The Humblehorse in its discretion.***

***I acknowledge that the participant is in good physical condition and has no injury, disease or disability, other than has been disclosed as above, that would impair his or her performance or physical condition or increase of injury while horseback riding.***

Guardian/Parent's Signature: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_