

Hilltop ranch



**500 W. Main Street
Robins, Iowa 52328
(319)393-2135**

DATE: _____

STUDENT RECORD FORM

Student Name: _____ Date of Birth: _____

Responsible Party Name: _____

Address: _____

Phone: (w) _____ Phone: (h) _____

Phone: (c) _____ Can you receive text messages? Y or N

Email: _____

Contact in case of emergency: _____

Relationship to student: _____ Phone: _____

Doctor: _____ Phone: _____

Hospital: _____

Allergies: _____

Medical Conditions: _____

Level of Riding Experience: (Please circle)

Beginner Intermediate Advanced Showing

Number of Years Riding: _____ Lesson Day and Time: _____

Special Instructions: _____

_____ Cost per Lesson: _____

Were you provided with the following? Please initial to indicate "yes".

____ "Rider's Responsibilities" information sheet ____ "Payment Policy" sheet ____ "Inclement Weather Policy" sheet. PLEASE NOTE: your initials indicate your understanding and acceptance of these policies. We appreciate your cooperation.