

# **EXCEPTIONAL EQUESTRIANS UNLIMITED, Inc.,**

## 2007 Student Registration Form

Rider Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Favorite Color: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

(If different from above)

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Number of Years of Participation \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Disability: \_\_\_\_\_ Onset: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Mobility: \_\_\_\_\_ Ambulatory \_\_\_\_\_ Personal Aids \_\_\_\_\_ Wheelchair

I would like to register for:

Session 1 (4/9/07- 6/30/07): \_\_\_\_\_

Session 2 (8/6/07- 10/27/07): \_\_\_\_\_

### **Registration deadlines:**

Session 1 is 3-26-07

Session 2 is 7-23-07

Could Parent/ Guardian volunteer if needed? Yes \_\_\_ No \_\_\_

***Any parent or guardian who wishes to help during classes will be required to attend a volunteer training session.***

Volunteer training will be held on March 24<sup>th</sup> for session 1.

Volunteer training will be held on July 21<sup>st</sup> for session 2.

**There will be no lessons on July 1<sup>st</sup> through August 5<sup>th</sup>, so the horses can rest!**

### **Please send completed packet to:**

___ Registration Form	___ Emergency Medical Treatment Form
___ Medical History/Physician's Statement	___ Physical Therapy and/or Teacher Assessment
___ Liability Release	___ \$40 REGISTRATION DEPOSIT (balance due week #4)

Exceptional Equestrians Unlimited Inc.

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Hobart, IN 46342

219/945-0726

eeu1.org