SHARP EQUESTRIAN

EMERGENCY CONTACT FORM

Participant Name: _____
First Middle Last

Age: _____ Birth Date: ____ / ____ / ____ If a student, current grade in school (2006-2007): _____

Address: _____
Street Address City State Zip

If participant under 18, parent or legal guardian who participant resides with:

Parent/Legal Guardian: _____
First Last

Phone: (_____) _____

Please list at least two emergency contacts – please note that these contacts MUST be reachable during the time that the individual will be participating in activities at Sharp Equestrian.

Emergency Contacts:

Contact 1 Name: _____
First Last

Phone: (_____) _____ Relationship: _____

Contact 2 Name: _____
First Last

Phone: (_____) _____ Relationship: _____

Contact 3 Name: _____
First Last

Phone: (_____) _____ Relationship: _____

I hereby give the personnel of Sharp Equestrian permission to seek medical assistance for me / my child _____ in the event that I / he / she is injured.

Printed Name: _____ Age: _____ Birth Date: ____ / ____ / ____
First Last

Signature: _____ Date: ____ / ____ / ____

SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED FOR ALL INDIVIDUALS UNDER 18:

Printed Name: _____ Relationship: _____
First Last

Signature of Parent/Legal Guardian: _____ Date: ____ / ____ / ____

If the participant is under the age of 18, you must list at least three people who you would allow to pick up your child:

Contact 1 Name: _____
First Last

Phone: (_____) _____ Relationship: _____

Contact 2 Name: _____
First Last

Phone: (_____) _____ Relationship: _____

Contact 3 Name: _____
First Last

Phone: (_____) _____ Relationship: _____

Please Note: Under no circumstances will we release your child to anyone whose name does not appear in the above list.

If you should need to reach the participant during his / her time at Sharp Equestrian, you may call Erin Sharp at (630) 201-1644 or Jonathan Sharp at (630) 333-7314.