

Claddagh Stables Registration Form

Student Name:	
Parent(s) Name:	
Date of Birth:	
Home Address:	
Phone Number:	
Cell Number:	
Email Address:	
Emergency Contact 1: (Name and Contact Number)	
Emergency Contact 2: (Name and Contact Number)	
Allergies:	
Any special instructions? (ex. medical conditions, special needs, nervous rider, or any other issues/concerns we should be aware of) * CONFIDENTIAL	
Any other information we should be aware of:	