

**Congressional Polo Club**

**Rider Information Sheet**

[PLEASE PRINT INFORMATION CLEARLY]

**Rider’s Name**: Nickname (if applicable): Address: Phone Numbers: (home) (work) (cell)

* + 1. (if under 18 years of age):

**NOTE:** If Rider is a minor (under 18 years of age) parental permission for emergency medical treatment must be secured prior to participation.

**EMERGENCY CONTACT**: Relationship: Phone Numbers: (home) (work) (cellular) **Riding Experience:**

Riding Style(s) & Skill(s): **** English **** Western **** Hunt Seat **** Dressage **** Jumper **** Eventer **** Pleasure/Trail **** Polo **** Other Sport

# of Years Riding Experience: **** Continuously **** Occasionally

Ever owned a horse? **** Yes **** No Currently own your horse? **** Yes **** No Currently leasing a horse? **** Yes **** No If yes, for how long?

Detailed Description of Riding and Handling Experience(s):

#  Rider’s Medical History:

Personal Physician’s Name:

Contact Information: (office #)

Health Status (including physical and mental conditions or limitations; chronic conditions; known allergies):

If applicable, has your Physician authorized your participation in this activity? **** Yes **** No

# (If requested by Congressional Polo Club, Physician’s Release must be attached to this form.)

**Medical Insurance:**

Are you insured? **** Yes **** No

Medical Insurance Carrier: Policy #: Carrier’s Address:

DATE:

Signature of Rider Signature of Parent/Guardian of Minor Rider (under 18 yrs of age)

# OFFICE USE ONLY

RECEIVED BY (Printed Name of Instructor): Date: Instructor’s evaluation of riding skills: ** No Experience  Beginner  Advanced Beginner**

# Intermediate  Advanced Intermediate  Advanced/Upper Level