



CARLISLE ACADEMY
INTEGRATIVE EQUINE
THERAPY & SPORTS

SPORTS AND EDUCATION STUDENT DATA FORM

Personal and Contact Information

Student Name: _____ **Date of Birth:** _____ **Height:** _____ **Weight:** _____

(Please note the following factors will prohibit us from enrolling individuals riding Carlisle Academy horses: weight 200# or more, height impacting equine balance, rider postural control and balance or any rider behavior that has the potential to impact the health and safety of Carlisle Academy horses.)

Guardian Name: _____

Mailing Address: _____

Student Phone number: _____ **Student Email:** _____

Guardian phone number(s): _____ **Guardian Email:** _____

Past riding experiences and current level of riding ability:

Medical history that may impact riding: (Physician statement and medical clearance may be required)

Student Horsemanship and Riding Goals:

1. _____

2. _____

3. _____

Student Signature

Date

Guardian Signature

Date