



CHARIS EQUESTRIAN

**Contact Form**

**Student or Owner/Lessee Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent's Name (if minor):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent's Phone #:** \_\_\_\_\_

**Parent's Email:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact Phone #:** \_\_\_\_\_

***\*\*If parent/guardian and emergency contact are unreachable, I give permission for Jess Hargrave or Charis Equestrian Staff to contact emergency services if necessary should a medical incident occur:***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_