

# ***Welcome To***



***6310 SW 185<sup>th</sup> Way  
Southwest Ranches, FL 33332  
Kaihly Gonzalez (305)-298-4822  
[firelinefarms@gmail.com](mailto:firelinefarms@gmail.com)  
[firelinefarms.weebly.com](http://firelinefarms.weebly.com)***

# Rider Information Sheet

Date \_\_\_\_\_

Rider Name \_\_\_\_\_ Phone #h \_\_\_\_\_

Address \_\_\_\_\_ Phone w# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Experience \_\_\_Yes \_\_\_No How Long? \_\_\_\_\_

Competed \_\_\_Yes \_\_\_No Where? \_\_\_\_\_

Previous Trainer Name \_\_\_\_\_

Previous Farm or School Attended \_\_\_\_\_

Date Beginning Lessons \_\_\_\_\_ Lesson Days \_\_\_\_\_ Time \_\_\_\_\_

Parents Name or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

To Be Contacted In Case Of Emergency:

\_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_

Phone \_\_\_\_\_ Identification # \_\_\_\_\_

Medical History / Allergies \_\_\_\_\_

\_\_\_\_\_

**PLEASE PROVIDE A COPY OF DRIVERS LICENCE. THANK YOU.**