

## **NEW RIDER/PARTICIPANT**

## REGISTRATION

Participant's Name:	Date:			
Type of Riding: (circle one)	Private	Private Group		
	Semi-Private	Other:		
Date of Birth:	Sex:	Height		Weight
Address:				
City:		State:		_ Zip:
Primary Phone:		Email:		
Primary Disability:		Secondary Disability: _		
If under 18, please complete the	following:			
Father:	Phone:		Email:	
Mother:	Phone:		Email:	
How did you hear about Cross Cre	eek Meadows?			
Availability: After the rider's asse confirmation of your riding time.	essment, you will be co	ontacted for scheduling.	Once the sche	dule is set, you will be sent a
In the event that Cross Creek Mea please check one of the following			asses during a	session due to inclement weather,
Credit toward the following session				
Donate the am	ount to the Rider Fina	ncial Assistance Fund		

Please Note: Classes that students miss without prior notice to the center may be subject to cancellation fees.

Leftover financial assistance will automatically be credited back to the Rider Assistance Fund