

Foxcroft Farms LLC
Client Information Form
*****CHILD*****

Date _____

Rider's Name _____ Age: _____

Birthday _____ (MONTH/DAY/YEAR)

Address: _____

City: _____ State: _____ Zip: _____

Parent(s) Name: _____

Home Phone _____ Mobile Phone (Mother) _____

Work Phone _____ Mobile Phone (Father) _____

Parent Email _____

Emergency Contacts:

Name: _____

Relation to Rider: _____

Phone: _____

Preferred Doctor: _____ Phone: _____

Preferred Hospital: _____

Known Allergies: _____

Prior Riding Experience:

Approximate Years/Months _____

Estimated Level of Rider _____