

BASIC HEALTH AND FITNESS FORM:

NAME: _____

AGE: _____ WEIGHT (max weight 230 lb): _____

PLEASE TELL ME ABOUT YOUR RIDING EXPERIENCE SO FAR:

DO YOU HAVE BACK PROBLEMS?

ARE YOU TAKING ANY PRESCRIBED MEDICATIONS OR DIETARY SUPPLEMENTS?

ARE YOU PREGNANT?

DO YOU HAVE ANY MEDICAL CONDITIONS OR PROBLEMS THAT CAN IN ANY WAY PREVENT YOU FROM CONTROLLING A HORSE OR TAKING ADVICE FROM OUR WRANGLERS/TEACHERS?

Emergency contact: _____

Signature: _____

Name: _____

Date: _____

Phone number: _____

Email: _____



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