



**Potomac Glen Riding School**  
 24201 Clarksburg Road , Clarksburg, MD 20871  
 (301) 601-0622 ~ www.PotomacGlenRidingSchool.com

**Junior Rider Registration & Medical Release Form** ( All riders 18 years old and under)

Rider's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Rider's Home Address - Street \_\_\_\_\_

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

Primary E-mail address \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
 Area Code Home Phone Number School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Rider resides with:  Both parents  Mother  Father  Guardian

**Parent/Guardian Contact Information**

**Mother's/Guardian's**

Name & Address (if different from above):

\_\_\_\_\_  
 \_\_\_\_\_

Employer & Address:

\_\_\_\_\_  
 \_\_\_\_\_

Telephone numbers. Please include all numbers on which we could reach you (home, work, cell phone, etc.):

\_\_\_\_\_

E-mail address:

\_\_\_\_\_

**Father's/Guardian's**

Name & Address (if different from above):

\_\_\_\_\_  
 \_\_\_\_\_

Employer & Address:

\_\_\_\_\_  
 \_\_\_\_\_

Telephone numbers. Please include all numbers on which we could reach you (home, work, cell phone, etc.):

\_\_\_\_\_

E-mail address:

\_\_\_\_\_

As the parent/guardian of the minor student rider, for whom this registration is made, I recognize and understand that horseback riding and the instruction of riding involve inherent risks which are an integral part of equine activities. As such, I hereby give permission for this minor student rider to take horseback riding lessons at Potomac Glen Riding School. I, further, absolve Potomac Glen Riding School and all staff from responsibility and/or liability for injury, loss, damage, or death of this minor student rider, resulting from any inherent risks of equine activities.

From time to time there might be an addendum which will be attached to and made part of this form. In no way will the addendum(s) alter this form unless they specifically state so.

***My signature is being notarized here to confirm information on both sides of this form.***

Parent/Guardian's Signature \_\_\_\_\_

Parent/Guardian's Name, Printed \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, before me the undersigned personally appeared \_\_\_\_\_,

known to me (or satisfactorily proven) to be the person(s) whose name(s) is (are) subscribed to within this instrument/document and acknowledged that he (she) (they) has (have)executed the same for the purposes therein contained. In witness thereof, I have hereunto set my hand and official seal.

(SEAL)

Notary public

My commission expires: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Do not leave any answers blank. This form must be filled out in its entirety.**



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**Registration & Medical Release Form**

Does the rider have allergies?  Yes  No      Is the rider taking medication(s)?  Yes  No  
 Are there any other health or learning considerations that need to be known by the riding instructors at Potomac Glen Riding School?  Yes  No

Please explain any "yes" answers here:

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\*\*\*\*Date of the rider's last **TETANUS SHOT:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 This information is **REQUIRED** by MD State Law

Rider attends a MARYLAND school:  Yes  No  
 \*\*\*\*IMPORTANT If you answered "no" MD state law requires that we have a current list of the rider's inoculations on file.  
 Please attach a copy to this registration/medical form.\*\*\*\*

I hereby give my permission for any and all medical attention necessary to be administered to my minor child, \_\_\_\_\_, in the event of an accident, injury, illness, etc., under the direction of the Potomac Glen Riding School director, or her designee, until such time as I, \_\_\_\_\_ may be contacted. I hereby assume the responsibility for payment of any charges related to such treatment.

EMERGENCY CONTACT: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name Relationship to rider Area code Phone number

DOCTOR : \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name Area code Phone number

PREFERRED HOSPITAL: \_\_\_\_\_

INSURANCE INFORMATION: \_\_\_\_\_  
 Insurance Company Name  
 \_\_\_\_\_  
 Policy Number Group Number Patient Number

**FOR NEW STUDENTS WHO HAVE TAKEN LESSONS PREVIOUSLY:**

Where did you take lessons? \_\_\_\_\_ For how long \_\_\_\_\_  
 Can you (check all that apply):

<input type="checkbox"/> Lead a pony?	<input type="checkbox"/> Post while trotting?
<input type="checkbox"/> Adjust your tack?	<input type="checkbox"/> Change diagonals?
<input type="checkbox"/> Mount unaided?	<input type="checkbox"/> Canter on the correct lead?
<input type="checkbox"/> Walk & a halt your pony unaided?	<input type="checkbox"/> Change leads?
	<input type="checkbox"/> Ride a course of 4 obstacles without breaking gate?

**Do not leave any answers blank. This form must be filled out in its entirety.**