

Jaax LLC Lesson Program  
Student/Parent Information

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent(s) Name (if student is under 18 years of age): \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/ Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address(s): \_\_\_\_\_

Billing Information:

Billing Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Medical Information:

Allergies/ Medical Condition: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

In Case of an Emergency:

Contact Name 1: \_\_\_\_\_ Affiliation with student: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_

Contact Number 2: \_\_\_\_\_

Student's previous equestrian experience:

Please list 3 goals in riding that student wishes to accomplish while taking lessons.

Does the student or parent/guardian (if student is underage) consent to pictures/video posted on the internet via websites and social media platforms pertaining to Jaax LLC/ Jaax Equestrian? Student's first name and last initial will be posted only.

Circle: Yes / No

If yes, please sign below

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