

Mulholland Ranch Registration Form

Name _____

Address _____

Phone # _____

Birth Date _____ Sex _____

Parents/Guardians Name _____

Emergency Contact and Phone Number _____

Has student ever taken lessons before?

yes ____ no ____

Please indicate the day and time that you would like to take lessons on by placing a 1,2 or 3 to indicate your first, second and third choice.

	Monday	Friday	Saturday
AM	_____	_____	_____
PM	_____	_____	_____

Comments _____

MEDICAL RELEASE

Date _____

In case of emergency, I hereby authorize Mulholland Ranch to seek medical attention for _____ at the nearest medical facility. I give my permission for any medical persons to perform any emergency medical care as needed. I acknowledge full responsibility for any medical bills that may occur.

Family Physician _____

Phone Number _____

Address _____

Allergies _____

Date of last tetanus booster _____

Signature of Mother, Father or Guardian _____