

Hope Reigns Ranch
8019 East McGregor
Rockford, IL 61102
815-262-6008

Student Information Form

Name: _____ Date of Birth: _____ Age: _____

Address: _____
Street City State Zip Code

Work Address: _____
Street City State Zip Code

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email Address: _____

Height _____ Weight _____ Age _____

If you are a student – Name of school: _____ Grade: _____

How did you learn about Hope Reigns Ranch? _____

Do you or (your child) have experience with horses? Y N

If yes, please describe you experience: _____

Please check what days and times would you be available for sessions:

Day	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Are there any health/medical/emotional, cognitive conditions that we should be aware of or that might be of concern, such as?

Physical limitations, allergies, Asthma, cardiac, pulmonary, cognitive, behavioral, emotional, psychological?

Are you currently under a doctor's care or on prescription medications? Please describe:

Signature _____ Dated _____

Parent or Guardian if a minor signature _____ Dated _____