

Date: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Initial: \_\_\_\_\_

**Participant Information Sheet  
Silvers Stables, LLC**

Participant: \_\_\_\_\_  
(First) (M.I) (Last)

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Cell: \_\_\_\_\_ Other Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Cell: \_\_\_\_\_ Other Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Extra Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Allergy and medical conditions we should be aware of (epi-pen location / information, etc):
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**Adult Participants:**

Adult Participant E-mail Address: \_\_\_\_\_

Adult Participant Phone Number: \_\_\_\_\_

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\_\_\_\_\_(initial) Participant may be photographed for Facebook, website, and other social media.

**Signature of Parent/Guardian or Adult Participant:** \_\_\_\_\_