

# Carousel O'Breeds

## Student Rider Information

Child's Name	
Age	
Grade	
School	
Parent's Name	
Phone Number	
Email Address	

What are your expectations from Carousel O'Breeds?

What prior riding experience does your child have?

What discipline(s) of riding are you interested in? (if more than one please list in priority order)

Which horses does your child enjoy? (if any)

Which horse does your child want to avoid? (if any)

What are your child's goals for the next six months?

Is there anything we should know about your child (personality, learning style, habits, fears, medical conditions, allergies)

Ms. Libby aims to tailor your experience at Carousel O'Breeds to your interests and experience. We will request this form be filled out approximately every six months to assess and plan the next steps in your child's experience.