



www.tiaraequine.com
416-580-6526

TIARA EQUINE RIDER REGISTRATION

Name:	DOB:	<i>day</i>	<i>month</i>	<i>year</i>
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Address:	<i>Street</i>	<i>City</i>	<i>Code</i>
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Phone:	<i>Home</i>	<i>Office</i>	<i>Cell</i>
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Emergency Contact	<i>Name:</i>	<i>Phone:</i>
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Alternate	<i>Name:</i>	<i>Phone:</i>
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Family Doctor:	<i>Name:</i>	<i>Phone:</i>
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Health Card Number:	
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Relevant Medical History:	
Medications:	
Allergies:	
Previous Injuries:	

