



Contact and Consent Package

Rider's Information

Name _____

Address _____

Birthdate _____

Rider's Cell Phone _____

Rider's Email _____

Parent's Information

Father's Name _____

Mother's Name _____

Primary Address _____

Parent's Email (Primary communication)

Father's Cell Phone _____

Father's Home Phone _____

Mother's Cell Phone _____

Mother's Home Phone _____



Medical Information

Doctor Office _____

Doctor's Name _____

Address _____

Phone Number _____

Does your child have any medical conditions or allergies or take any medications?

Yes _____ No _____

If yes, please explain: _____

Consent for Emergency Medical Treatment

In consideration of the above named rider's opportunity to participate in related activities, I hereby give my consent to medical examination, emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named rider, by a physician, nurse practitioner, PA, athletic trainer, community health aid, and/or hospital in the event of illness or injury during all periods of time in which the rider is away from his or her legal residence. I further hereby waive on behalf of myself and the above named rider, any liability of the Alaska Youth Equestrian Club, its Instructors or any agents, arising out of such medical treatment.

Insurance Provider _____

Group ID _____ Member ID _____

Policy Holder _____

Coverage is provided as follows: (Please initial one)

Insurance Carrier ___ Military ___ Private Insurance ___ Native Services ___

None. I will assume financial responsibility for injuries _____

Please sign stating that everything is correct/accurate and understanding that if information changes, it is your responsibility to make sure this information gets changed and updated with the instructors.

Parent/Guardian Signature Date

Parent/Guardian Signature Date



Emergency Contacts

Name _____

Relationship to Rider _____

Address _____

Cell Phone _____ Work Phone _____

Name _____

Relationship to Rider _____

Address _____

Cell Phone _____ Work Phone _____

Name _____

Relationship to Rider _____

Address _____

Cell Phone _____ Work Phone _____



Consent for Rider Travel & Participation for all 2023-2024 Season Practices & Events

Consent for Participation

I hereby give my consent for _____(rider) to engage in practices, shows, parades or other functions for the 2023-2024 season. I also give my consent for the above-named rider to accompany the group as a member on all club/team related trips. I understand that participation in any of the practices or events that there is a risk of serious injury or death of the rider. I hereby waive, on behalf of myself and the above rider, any liability of the Alaska Youth Equestrian Club or its coaches or any agents, of any damages sustained in the program.

Parent/Guardian's Print Name

Parent/Guardian Signature Date

Parent/Guardian's Print Name

Parent/Guardian Signature Date



Multimedia Waiver

By signing this, I, _____, state that I give permission for the coaches of Alaska Youth Equestrian Club (AKYEC) to post photographs/videos of my child on social media, and the AKYEC web site for the purposes of promoting this organization.

Parent/Guardian's Print Name

Parent/Guardian Signature Date

Parent/Guardian's Print Name

Parent/Guardian Signature Date

Please sign stating that everything is correct & accurate on the previous contact and consent pages 1-4 and understanding that if information changes, it is your responsibility to make sure this information gets changed and updated with Alaska Youth Equestrian Club. (AKYEC).

Parent/Guardian's Print Name

Parent/Guardian Signature Date

Parent/Guardian's Print Name

Parent/Guardian Signature Date