



Rider Information Form

Sudbury Therapeutic Riding Program (STRP) 2019

Mailing Address: PO Box 2212

Station A, Sudbury Ont.

P3A 4S1

Phone: (705) 560-7877 Website: www.strp.ca

Name of Rider: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Allergies: _____

Medication (Currently taking) : _____

Parent/ Guardian: _____

Home Number: _____

Cell Number: _____

Email: _____

Emergency contact Name and Relationship:

Emergency Contact phone number: _____

I, _____ Parent/ Guardian of _____

Consent to the release of any pertinent information from the treating therapists involved with the rider.

Date: _____ Signature: _____