

**2009-2010 Application**  
**Moore County Scholastic Equestrian Team**  
at Glenbaer Farm, LLC  
1240 Old River Road Carthage, NC 28327  
www.glenbaer.com 910/947-2357

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Please mail to Glenbaer Farm at the above address by October 30, 2009.  
Upon receipt of application, Andrea Glenn will contact the rider's parents.

**Rider Information**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

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

Home Phone: ( \_\_\_\_\_ ) Cell Phone (if applicable): ( \_\_\_\_\_ )

Contact Email: \_\_\_\_\_

**School Information**

School Name: \_\_\_\_\_ Principal's Name: \_\_\_\_\_

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

Main Phone: \_\_\_\_\_

**Emergency Contact** (*Individual must be reachable during afternoon team practices and weekend competitions.*)

Name: \_\_\_\_\_ Relation to Rider: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Other Phone: \_\_\_\_\_

**Health Information** (*Medical Information Form & MCSET Riding Release must be completed prior to evaluation ride.*)

Does the rider have any relevant allergies (e.g., bee stings, animals, etc), asthma, or other conditions that may require emergency treatment devices?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, does rider carry an Epi-pen, inhaler, or other applicable, required device?

Does the rider have any other physical or health-related conditions or past issues that could potentially pose a problem in the athletically demanding sport of riding, about which the coach should know (including but not limited to surgeries, broken bones, arthritis, etc)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain and discuss with coach:

- **On the back of this sheet or separate paper, please explain the rider's experience with horses, including any relevant training or competition history.**