

**MAR VISTA STABLES
2152 SKYLINE BLVD
DALY CITY, CA 94015
(650) 991-4224**

PLEASE PRINT

Website: <http://marvistastable.tripod.com>

LAST NAME OF CHILD	FIRST NAME	BIRTH DATE

ADDRESS	TELEPHONE

CITY	ZIP CODE

PARENTS BUSINESS ADDRESS AND TELEPHONE (IN CASE OF AN EMERGENCY)

MOTHER'S LAST NAME	FIRST NAME	TELEPHONE (CELL OR PAGER)

MOTHER'S BUSINESS ADDRESS	BUSINESS PHONE W/AREA CODE

FATHER'S LAST NAME	FIRST NAME	TELEPHONE (CELL OR PAGER)

FATHER'S BUSINESS ADDRESS	BUSINESS PHONE W/AREA CODE

IN THE EVENT OF SERIOUS ILLNESS OR ACCIDENT, WHEN I CAN NOT BE REACHED, I WISH ONE OF THE FOLLOWING PEOPLE TO BE NOTIFIED BY TELEPHONE

NAME	PHONE W/ AREA CODE

NAME	PHONE W/ AREA CODE

IF ONE OF THE ABOVE CAN NOT BE REACHED. I WISH MY CHILD TO BE TAKEN TO THE EMERGENCY HOSPITAL
() YES () NO

DOCTOR'S NAME AND TELEPHONE. I WISH ANY ONE OF THE FOLLOWING DOCTOR'S TO BE NOTIFIED:

NAME	PHONE W/ AREA CODE	NAME	PHONE W/ AREA CODE

SPECIAL INSTRUCTIONS

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I HAVE READ AND AUTHORIZED THE ABOVE INSTRUCTIONS.

SIGNATURE	RELATIONSHIP TO CHILD	DATE

X _____ PARENT () GUARDIAN () _____