

KAIZEN FARM CONTINUING STUDENT



PART 1

Please fill in the following information so that we can update our records and offer you the best possible service.

Please print clearly!

Today's Date: _____

Name: _____ Date of birth: _____ Age: _____

Address: _____

Parents (if underage rider): _____

Home phone: _____ Cell phone: _____

Other contact: _____ Relationship: _____

Phone: _____

Who should we contact? _____

Best time to contact: _____

Email: _____

May we email you with news of special activities or offers? Yes / No

Please continue to the next sheet.

Reviewed by:

Kim _____

Sarah _____

Continuing student registration - PART 2

Student's Name: _____

How would you rate the student's progress since the last evaluation form?

Better than expected / less than expected / what you expected

What did the student enjoy most? _____

Was there anything the student didn't enjoy? _____

Who was the student's favorite horse(s) – to ride? _____
to be around? _____

What are the student's goals?

	Very interested	Bit interested	Don't know	Not interested	No idea what you mean
Continue learning basics	1	2	3	4	5
Get to intermediate level	1	2	3	4	5
Learn dressage	1	2	3	4	5
Jump	1	2	3	4	5
Ride in the open (out of arena)	1	2	3	4	5
Jump cross country	1	2	3	4	5
Go to shows as a competitor	1	2	3	4	5
Go to shows as groom	1	2	3	4	5
Learn horse management	1	2	3	4	5
Learn about our lease program	1	2	3	4	5
Learn about our education program	1	2	3	4	5

Is there anything else you would like to study or do that isn't mentioned above or we don't currently offer?

Are there any new or ongoing health problems we should be aware of?

Any other comments or anything it would be helpful for us to know about?

Thank you for taking the time to assist us - please continue to this year's release agreement.