



EMERGENCY INFORMATION



This information is for official use by the Placer County Sheriff's Department in the event of a rescue or medical emergency. Please provide as much **current** information as possible.

DO NOT MAIL THIS FORM. Hand Deliver to Ride Management during check-in.

Please PRINT...

Rider #	Rider Name					<input type="checkbox"/> Male
						<input type="checkbox"/> Female
Birth Date	Height	Weight	Hair Color	Eye color	Home Phone	
Street Address			City	State	Zip	
Emergency Contact Person/s Name (This person MUST be able to be contacted during the ride in case of an emergency)						
Emergency Contact Person/s Cell or Telephone number/s						
Place where you will be staying before/during/after the Ride				Phone number at this location		

Crewmember Name	Cell Number ***	Vehicle/Trailer Make/Model & Color	License Plate

*** Please instruct your crew to leave their cell phones on during ride day.

Equine Name	<input type="checkbox"/> Gelding <input type="checkbox"/> Mare <input type="checkbox"/> Stallion		
Breed	Color	Height	Weight
Owner Name (if owner is not the rider)		Owner Contact cell/telephone number/s during Ride	

7/9/10 jy

<p>Please List <u>special medical considerations</u> and <u>other information</u> that might prove helpful in an emergency:</p> <p><input type="checkbox"/> <i>please continue on reverse if needed</i></p>
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