

PARTICIPANT INFORMATION FORM *Required for participation*

Name:	DOB:			
It is helpful for the staff at High Hopes to program for you. Please complete the fo		ests, and understand your current status prior to developing a		
Primary Disability or diagnosis:				
Other medical considerations (i.e., allerg	ies, health precautions,	medications, etc.):		
School/Program presently attending and Program or staff email/phone no.		me (if applicable):		
If participant is not their own contact:				
	nd mailings):	Relationship:		
Mailing Address: Street:		City:		
County:	State: Zip):		
Home Ph:	Cell Ph:	E-Mail:		
Billing Contact Name (if not same as abo	ove):	Relationship:		
Mailing Address: Street:		City:		
County:	State: Zip):		
Home Ph:	Cell Ph:	E-Mail:		
Additional Emergency Contact Informat	t ion (list primary emerge	ency contact on Registration & Release):		
Emergency Contact 2:		Relationship: (ext)Cell Ph:		
Home Ph: W	ork Ph:	(ext)Cell Ph:		
Please indicate the program(s) you are in	nterested in:			
		ed) Summer Camp Veterans Program Other		
		Times:		
Balance:				
Movement/Coordination:				
Communication methods (Verbal, Sign, F	PEC):			
Cognitive abilities (age level, multi-step of	directions):			
, , , , , ,		s, physical improvements, paying attention)? Please be specific:		
Areas of interest & activities enjoyed:				
Please note that High Hopes Therapeut provider if deemed necessary.	ic Riding, Inc. may requ	ire additional proof of medical clearance from a health care		
Signature:		Data		
Signature:Particin:	ant/Parent/Legal Guardi	Date:		



HIGH HOPES THERAPEUTIC RIDING INC REGISTRATION & RELEASE

PLEASE COMPLETE ENTIRE FORM

Name: Home #: Cell #: DOB: Address: Town: State: Zip: County: Email: Gender: Height: Weight: (Height & weight used in horse & volunteer assignments, Ethnicity: White Hispanic, Latino, or Spanish Black or African American Asian American Indian or Alaska Native Middle Eastern or North African Native Hawaiian or Other Pacific Islander Other race or ethnicity Prefer not to answer In case of emergency, contact: (*New it minor) Phone: Phone: Phone: Pease indicate any medical conditions or medications we should be aware of in the event of an emergency: AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: In the event emergency medical indiffractament is required. AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: In the event emergency medical uncatament and transportation, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment and transportation, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment and transportation, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment and transportation, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment and transportation, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment and transportation, in needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment and transportation, in request of the agency, please request a Non Consent Form, which requires notarization. PHOTO VIDEO & PUBLICITY RELEASE: By engaging in activities at High Hopes Therapeutic Riding, Inc. the unqualified right to take pictures and/or recordings of me/my child/my ward and grant the perpetual right to use that like finished unqualitied right to	☐ Visitor	☐ One Day Vol/Group	☐ Training & Edu.	☐ Field Trip or Birthday Party	☐ Other
State: Zip: Gounds: Weight: Meight Meight: Meight & weight used in horse & volunteer assignments, Ethnicity: White Height & Weight: Meight & weight used in horse & volunteer assignments, Middle leasemen or North African Native Hawaiian or Other Pacific Islander Other race or ethnicity Prefer not to answer In case of emergency, contact: (Parent if mano) Phone: Please indicate any medical conditions or medications we should be aware of in the event of an emergency: Phone: Please indicate any medical conditions or medications we should be aware of in the event of an emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize High Hopes to secure and retain medical treatment attransportation, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment Patter Date: Consent Signature: Papplicant is mador 18 years of age, parentgeanthus signature is required. "If you choose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non Consent Form, which requires notarization. PHOTO VIDEO & PUBLICITY RELEASE; By engaging in activities at High Hopes Therapeutic Riding, Inc. I understand that I/my child/my ward may be photographed, filmed, or videotaped and I hereby give High Hopes Therapeutic Riding, Inc. It understand that I/my child/my ward may deep hotographed, filmed, or videotaped and I hereby give High Hopes Therapeutic Riding, Inc. It understand that I/my child/my ward and grant the preputual right to use that Richness, video or mem'ny child/my ward and grant the preputual right to use that Richness, video or mem'ny child/my ward and grant the preputual right to use that Richness, video or mem'ny child/my ward and grant the preputual right to use that Richness, video or mem'ny child/my ward and grant the preputual right to use that Richness, video or mem'ny child/my ward and grant the pre	Name:		Home #:	Cell #:	DOB:
Gender: Height: Weight: (Height & weight used in horse & volunteer assignments, Ethnicity: White Itspanic, Latino, or Spanish Black or Affician American Asian American Indian or Alaska Native	Address:			Town:	
Ethnicity: White Hispanic, Latino, or Spanish Black or African American Asian American Indian or Alaska Native Middle Eastern or North African Native Hawaiian or Other Pacific Islander Other race or ethnicity Prefer not to answer In case of emergency, contact: (Pures if winter) Pease indicate any medical conditions or medications we should be aware of in the event of an emergency: Pease indicate any medical conditions or medications we should be aware of in the event of an emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize High Hopes to secure and retain medical treatment and transportation, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment and transportation, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment and transportation, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment and transportation, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment and transportation, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment and transportation, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment and transportation, if needed, and release records upon request to agency agency involved in emergency medical treatment and transportation, if needed, and release records upon a substitution or agency and upon and agency please request a Non Consent PhDLO VIDEO & PUBLICITY RELEASE; By engaging in activities at High Hopes Therapeutic Riding, Inc. the unique may be photographed, in many be photographed, in many properties without limitation or reservation. I hereby waited or resoluting in any use of such i	State:				
In case of emergency, contact: (**Peres of imasos*) Phone: Please indicate any medical conditions or medications we should be aware of in the event of an emergency:	Gender:	Height:	Weight:	(Height & weight used in ho	orse & volunteer assignments.)
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