



HORSE SPEAK CENTER FOR PERSONAL DEVELOPMENT, INC.

REGISTRATION FORM

(Please Print)

Today's date: Referred by:

ATTENDEE INFORMATION

Student Last Name: First: Nickname Preferred: Age: Grade: Parent/Guardian last: First: Custody: Student Birth date: Age: Street address: Cell number: Home phone no.: P.O. box: City: State: ZIP Code: Occupation: Employer: Employer phone no.:

\*\* IMPORTANT INFORMATION: NAME OF EVENT ATTENDING: DATE OF EVENT ATTENDING:

Print \*\*Email Address (required):

Other family members attending?

INSURANCE INFORMATION

I/WE AGREE THAT SHOULD MEDICAL TREATMENT BE REQUIRED, I AND/OR MY MEDICAL INSURANCE COMPANY SHALL PAY FOR ALL SUCH INCURRED EXPENSES

(Please give your insurance card to the receptionist.)

Person responsible for bill: Birth date: Address (if different): Home phone no.: Occupation: Employer: Employer address: Employer phone no.: Subscriber's name: Subscriber's S.S. no.: Birth date: Group no.: Policy no.:

Patient's relationship to subscriber: Self Spouse Child Other

Indicate special instructions or anything you think we should know about you or your child

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address): Relationship to patient: Home phone no.: Work phone no.:

I, the following individual, and the parent or legal guardian thereof if a minor, do hereby voluntarily agree to participate in the experiential instruction as a student of HorseSpeak Center for Personal Development, Inc., with understanding of both known and unknown risks, conditions, and dangers that are inherent to equine, animal, ranch, wilderness, and challenge course activities.

Patient/Guardian signature (required)

Date:

