



Empty rectangular box for stamp or mark.

### STUDENT REGISTRATION, RELEASE AND HEALTH HISTORY

Name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: M or F Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

If student, name of school: \_\_\_\_\_

Are you or an **immediate** family member a veteran?  Yes (Circle: Active or Inactive)  No

How did you hear about Hope Unbridled? \_\_\_\_\_

#### Guardian Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

#### Guardian Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

Student Lives With: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Does this student need a full or partial scholarship?  Full scholarship  Partial scholarship  None Needed

Person responsible for invoice: \_\_\_\_\_

#### Liability release:

The above indicated participant would like to participate as a rider and or in programs operated by Hope Unbridled Equestrian Program. I acknowledge the risks and potential for risks of horse-assisted activities, including a horseback riding program. However, I feel that the possible benefits to myself, my son/daughter/ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Hope Unbridled Equestrian Program, its volunteers and/or employees for any and all injuries and/or losses I/my son/daughter/ward may sustain while participating in this program. I further understand that Mississippi law requires the following sentence to be printed on this waiver: ***Under Mississippi law, an equine activity or equine sponsor is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to this chapter.*** I understand that helmets must be worn while riding a horse and that closed toe shoes must be worn when working around horses.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent or Guardian if participant is under 19 years of age

**Photo release- please check one:**

- I consent to and authorize the use and reproduction of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.
- I do not consent to the use and reproduction of photographs and other audio-visual materials taken of me or my child for any purpose.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Parent or Guardian if participant is under 19 years of age

**Medical History:**

**Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing the remainder of this form, indicate whether these conditions are present, and to what degree in the comment sections.**

**Orthopedic**

- Atlantoaxial Instability – include neurologic symptoms
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossification/Myositis Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Joint Fusion/Fixation
- Spinal Joint Instability/Abnormalities
- Scoliosis

**Neurologic**

- Hydrocephalus/Shunt
- Seizure
- Spina Bifida/Chiari II malformation
- Tethered Cord/Hydromyelia

**Other**

- Age – under 4 years
- Indwelling catheters/medical equipment
- Poor endurance
- Skin breakdown
- Medications – i.e., photosensitivity

**Medical/Psychological**

- Allergies
- Animal Abuse
- Cardiac Condition
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions (i.e., RA, MS)
- Fire setting
- Hemophilia
- Medical instability
- Migraines
- PVD
- Respirator compromise
- Recent surgeries
- Substance abuse
- Thought control disorders
- Weight control disorders

Please check one below:

- There is no medical diagnosis that limits physical activity.
- There is a medical diagnosis that limits physical activity. Diagnosis is listed below and I will have the student's doctor complete the medical release form.

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Has the student ever had a seizure?  Yes  No

If yes, please explain and have student's doctor complete the medical release form: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please indicate current or past special needs in the following areas:**

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

**Medications** (include prescription and over-the-counter, name, dose, and frequency)

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**Describe below the student's abilities/difficulties in the following areas (include assistance required or equipment needed).**

Physical Function - balance, muscle strength, mobility skills such as transfers, walking, wheelchair use, etc.

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Psychosocial Function - work/school including grade completed, leisure interests, relationships, family structure, support systems, companion animals, fears, concerns, etc.

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Ability to Communicate - non-verbal, makes sounds, length of sentences, sign language, etc.

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Cognitive Function - Understanding simple or complex directions, etc.

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Behavioral Function – Response to direction, frustration, triggers that set off negative responses, calming techniques.

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Goals - Why are you applying for participation? What would you like to accomplish?

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**Please indicate timeframe of these developmental milestones:**

Milestone	Reached at Age	Not Yet Reached	Comments
Sitting Up			
Walking			
First Word			
Toilet Trained			

Are there any allergies? No Yes \_\_\_\_\_

Anything else we should know about the student? \_\_\_\_\_

***To my knowledge, there is no reason why the student cannot participate in supervised equestrian activities. I understand that Hope Unbridled Equestrian Program will weigh the above information against the existing precautions and contraindications to determine whether the student is eligible to participate. My signature below as student, parent, or legal guardian is evidence that to the best of my knowledge the information supplied is accurate and up-to-date.***

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent or Guardian if participant is under 19 years of age