



1350 Terry Drive
Plainfield, IN 46168
Phone: (317) 838-7002
Fax: (317) 838-7024
Website: www.StridesToSuccess.Org

Student Application

Student Information

Student Name _____ Male _____ Female _____
Date of Birth _____ Age _____ Height _____ Weight _____
Address _____ Phone _____
School _____ School Phone _____
Parent / Legal Guardian _____
Address (if different from above) _____
Emergency Phone _____ Mobile Phone _____
Email _____

Liability Release (Required)

_____ (Name) would like to participate in the Strides to Success Program. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Strides to Success, its Board of Directors, Instructors, Therapists, Aides, Property owners, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to the negligence of these released parties.

The undersigned acknowledges that h/she has read this Registration and Release Form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Signature _____ Date _____
(parent or legal guardian)

Photo Release

I do I do not
consent to and authorize the use and reproduction by Strides to Success of any and all photographs and any other audio/visual materials taken of _____ (student) for the benefit of the program.

Signature _____ Date _____
(parent or legal guardian)





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Authorization for Emergency Medical Treatment

Student Name _____ Date of Birth _____

Address _____ Phone _____

Physician Name _____

Preferred Medical Facility _____

Health Insurance Co. _____ Policy # _____

Current Medications _____

Allergies to Medications _____

Emergency Contact Person

Name	Relation	Phone
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In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Strides to Success, I authorize Strides to Success to:

1. Secure and retain medical treatment and transportation if needed.
2. Release students records upon request to the medical team providing treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure thought to be "life saving" by the physician. This consent will only be used if Strides to Success is unable to reach the emergency contact person.

Consent Signature _____ Date _____
(Parent _____ t or Legal Guardian)

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Strides to Success.

Non-Consent Signature _____ Date _____
(Parent or Legal Guardian)





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Student Name _____
 Age _____ DOB _____ Gender _____ Height _____ Weight _____
 Diagnosis _____
 Physician _____ Phone _____
 Therapist _____ Phone _____
 Special Precautions or Needs _____

Please indicate current and past special needs in the following areas, including surgeries:

	Y	N	Comments
Allergies			Allergic to:
Lack of concentration			
Learning disabilities			
Developmentally delayed			
Boundary issues			
Social skills problems			
Anxiety or phobias			
Unpredictable behavior			
Sensory impairment			
Medical issues			
Cardiac			
Pulmonary			
Orthopedic			
Sexual abuse			
Emotional abuse			
Hallucinations or delusions			
Substance abuse problems			
Seizure disorder			
Animal abuse or fire setting			
Any physical limitations			

Please explain date of onset-severity-treatment of any of the above checked items:

To my knowledge there is no reason why this person cannot participate in supervised equine activities which will include horseback riding and dismounted ground activities.

Signature _____ Date _____

Relationship to student _____

Printed name _____



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Authorization for Release of Confidential Information

Name: _____ Date of Birth: _____

Address: _____

I (we) hereby authorize:

1) Strides to Success to release information to:

2) Strides to Success to obtain information from:

3) I authorize the release of information concerning:

- | | |
|--|---|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Goals |
| <input type="checkbox"/> Results of Evaluation | <input type="checkbox"/> Consultation with School |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Lesson Plans | <input type="checkbox"/> Reason for Termination |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Student Application |
| <input type="checkbox"/> Other _____ | |

4) This consent is valid for period of time: _____

5) I understand that this information may include information relating to:

- a) Acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infections
- b) Mental, emotional, or behavioral health
- c) Psychiatric or medical care

6) I understand that I may revoke this authorization at any time by notifying Strides to Success in writing of my intent to revoke this authorization. If I do notify Strides to Success, in writing, of my intent to revoke this authorization, such revocation will not have any effect on any actions by Strides to Success take before the revocation. Notification must be sent to Program Director, 1350 Terry Drive, Plainfield, Indiana 46168.

7) I understand that Strides to Success will give me a copy of this authorization form after I sign it.

8) I (we) understand that my (our) records will be professionally and ethically maintained by Strides to Success as provided by the statutes of the State of Indiana, HIPAA, and the Codes of Ethics and Professional Standards of our professional practices. Please be aware that once your records leave Strides to Success, we can no longer insure their confidentiality.

Signature of Student's Legal Representative

Date of Execution

Printed Name

Relationship to Student

Witness Signature

Printed Name of Witness