



**Strides to Success**  
 1350 Terry Drive, Plainfield, IN 46168  
 317-838-7002 (phone) 317-838-7024 (fax)

## Participant Application

### Student Information

**Participant Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Full Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ School Phone \_\_\_\_\_

**Custodial Father/Legal Guardian** \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

**Custodial Mother/Legal Guardian** \_\_\_\_\_ Phone \_\_\_\_\_

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 Property Owners, Landlords, Board of Directors, Instructors, Therapists, Aides, 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 (self/custodial father/legal guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signature (self/custodial mother/legal guardian) \_\_\_\_\_ Date \_\_\_\_\_

### 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 \_\_\_\_\_ (participant) for the benefit of the program.

Signature (self/custodial father/legal guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signature (self/custodial mother/legal guardian) \_\_\_\_\_ Date \_\_\_\_\_







## Participant's Medical History

Participant Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Diagnosis \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Therapist \_\_\_\_\_ Phone \_\_\_\_\_

Special Precautions or Needs \_\_\_\_\_

Medications \_\_\_\_\_

Please indicate current and past special needs in the following systems/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:

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

**Statement of Accuracy:** 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. I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that this information will be utilized for the purpose of designing appropriate EAL services.

Signature (self/custodial father/legal guardian) \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Signature (self/custodial mother/legal guardian) \_\_\_\_\_ Date \_\_\_\_\_ Printed

name \_\_\_\_\_

