



## Participant's Application, Health History & Media Release

### GENERAL INFORMATION

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_ Alternative #: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

### HEALTH HISTORY

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

*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			



*Horseplay Therapeutic Riding Program, Inc.*  
*A 501(c)(3) Non-profit Organization*  
*www.horseplaytherapy.org*

**MEDICATIONS** (include prescription, over-the-counter; name, dose and frequency) \_\_\_\_\_

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

*Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):*

**PHYSICAL FUNCTION** (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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

**PSYCHO/SOCIAL FUNCTION** (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc)

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

**GOALS** (i.e. Why are you applying for participation? What would you like to accomplish?)

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

**MEDIA RELEASE**

I  DO  
 DO NOT

consent to and authorize the use and reproduction by Horseplay Therapeutic Riding Program, Inc. 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.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Client / Parent/legal guardian must sign for children under 18 or wards of the court.)

Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_