



## Client Registration Form

### Equine Assisted Learning

Client Name \*

<input type="text"/>	<input type="text"/>
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First Name

Last Name

Nickname:

Birthdate \*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Day

Year

Address \*

Street Address

Street Address Line 2

<input type="text"/>	<input type="text"/>
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City

State

Postal / Zip Code

Client Phone (or primary contact) \*

Parent/Guardian 1

<input type="text"/>	<input type="text"/>
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First Name

Last Name

Parent/Guardian 1 Primary Phone

Parent/Guardian 1 Primary Email

Parent/Guardian 1 Address (if different from above)

Address \*

Street Address

Street Address Line 2

City

State

Postal / Zip Code

Parent/Guardian 2

First Name

Last Name

Parent/Guardian 2 Primary Phone

Parent/Guardian 2 Primary Email

Emergency Contact \*

First Name

Last Name

Emergency Contact Primary Phone \*

Emergency Contact Relation

## Waivers

### Photo Release:

To the use and reproduction by JoyRide Center of any and all photographs and any other audio/visual materials taken of me/my son/my daughter/my ward/other family members for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program. JoyRide policy is that only first names will be used to identify people unless specific permission is given from the parent/client/guardian.

I hereby (check one) \*  CONSENT  DO NOT CONSENT

### Liability Release

I/my son/my daughter/my ward would like to participate in the JoyRide Center, Inc. program. I acknowledge the risks and potential risks of horseback riding and working around or near farm animals. However, I feel that the possible benefits to myself/my son/my daughter/my 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 JoyRide Center, Inc., its Board of Directors, Instructors, Therapists, Aides, Horse Owners, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward/other family members may sustain while participating in JoyRide programs. WARNING- Under Texas Law (Chapter 87, Civil Practice and Remedies Code), a farm animal professional is not liable for an injury to or the death of a participant in farm animal activities resulting from the inherent risks of farm animal activities.

Date \*

Month	Day	Year

### Health History

Client Medical History: \*

Client Psychological History: \*

Current Medications: \*

Please list any physical changes in the past year:

Please list any psychological changes in the past year:

Does the client participate in any therapies? \*

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Please list therapy schedule:

Any additional information or behaviors JoyRide staff should be aware of?

What are the participant's major goals at JoyRide Center?

**Billing Policy**

Attendance: When you register for a semester, volunteers, horses and staff are assigned and look forward to working with you each week. If you are unable to make your class time, please give us at least 24 hours' notice. If you know of dates you will be absent, please notify the front office or email [officemanager@joyridecenter.org](mailto:officemanager@joyridecenter.org). For last minute cancellations, call JoyRide's office at 281-356-5900. Clients will be charged regular tuition fee for cancelations or no shows. Three absences within one semester without notice may result in being dropped from the schedule.

# Application Submission

Please complete all needed information and submit below.

Printed Name \*

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First Name

Last Name

Date \*

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Month

Day

Year