



**PARTICIPANT'S APPLICATION Program:** \_\_\_\_\_

**GENERAL INFORMATION**

Participant's Full Name \_\_\_\_\_ DOB: \_\_\_\_\_

AGE: \_\_\_\_\_ Gender: \_\_\_\_\_ (optional) Nationality \_\_\_\_\_ (This information is used for grant applications - optional)

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cellphone: \_\_\_\_\_ HomePhone: \_\_\_\_\_

School Name/ Homeschool/  
Employer: \_\_\_\_\_

Parent or Adult Applicant's Email Address \_\_\_\_\_

Referral Source/How did you hear about us? \_\_\_\_\_

What expectations do you have of the program? \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

**Allergies** \_\_\_\_\_

**Do you carry epi pen?** \_\_\_\_\_ **Clients with Bee or insect allergies must carry pen on farm\***

**Food allergies or sensitivities?** \_\_\_\_\_

**Seizures: Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If yes, last date of seizure:** \_\_\_\_\_

**Tetanus Shot within last 10 years: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Health Insurance Co \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

In the event of an emergency, is there any information you would like to provide First Responders?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARTICIPANT'S APPLICATION (continued)**

In Case of Emergency:

Contact Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**MEDICAL RELEASE: (CHECK ONE)**

In the event emergency medical treatment/aid is required due to illness or injury while present on the property of Mending Strides Ranch, Inc.,

\_\_\_\_\_ **I authorize** Mending Strides Ranch, Inc., to secure transportation and medical treatment including x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service rendered under the general or specific instructions of any physician or hospital. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred. Please understand we will first try to reach the emergency contacts.

\_\_\_\_\_ **I do not authorize** :emergency medical treatment/aid. In the event of an emergency, I wish the following to take place:

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

Mending Strides Ranch, Inc., reserves the right to deny acceptance of a participant if the emergency plan is not agreeable. (**Parent required to remain on premises for sessions of minors**)

**PHOTO RELEASE** I \_\_\_\_\_ **DO** \_\_\_\_\_ **DO NOT** consent to and authorize the use and reproduction by Mending Strides Ranch, Inc., of any and all photographs and any other audio/visual materials taken of me/my child for promotional material, educational activities, social media and exhibitions or for any other use for the benefit of the program. (Please note that pictures/videos will not be taken during therapy sessions)

**I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I/my child should not participate in this center's program.**

**I HAVE READ AND MADE A SELECTION FOR EMERGENCY MEDICAL TREATMENT AS INDICATED ABOVE:**

Signature(Parent or Guardian if minor): \_\_\_\_\_

PrintName: \_\_\_\_\_ Date: \_\_\_\_\_