Greystone Manor
Therapeutic Riding Center

Participant's Name _____ **Date** _____

SIDE ONE: **PARTICIPANT REGISTRATION**
PRIMARY CONTACT INFORMATION

SIDE TWO: **PHOTO / VIDEO RELEASE**
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
PROGRAM POLICIES ACKNOWLEDGEMENT

Please be sure to complete all sections – incomplete forms could delay processing.

REGISTRATION – PLEASE PRINT

(Remember to make a copy of this form for your records.)

DOB (MM/DD/YY)	Age:	Weight / lbs:	Height:	(Check one) ☐ Male ☐ Female	Race *(optional)*:

New Participant: ☐ Yes ☐ No	How did you learn about GMTRC?

Participant Employer or School:

Diagnosis:

PLEASE FILL IN ALL APPLICABLE INFORMATION BELOW: Multiple sections may be filled in

☐ SELF / PARTICIPANT: ☐ CHECK IF PRIMARY

Participant Address:		City, State, Zip
Email address(es):		
Phone – Home:	**Cell:** Text? ☐ Yes ☐ No	**Work:**
Alt Emergency Contact: (name)	**Cell:** Text? ☐ Yes ☐ No	**Relationship to Participant:**

☐ PARENT OR GUARDIAN: ☐ CHECK IF PRIMARY

Parents' or Guardians' Full Names:		
Parents' or Guardians' Address (if different from participant):		**City, State, Zip**
Email address(es):		
Phone – Home:	**Cell:** Text? ☐ Yes ☐ No	**Work:**
Alt Emergency Contact: (name)	**Cell:** Text? ☐ Yes ☐ No	**Relationship to Participant:**
Parent /Guardian place of employment: (Father)		**(Mother)**

☐ CAREGIVER: ☐ CHECK IF PRIMARY

Caregiver Name:		Group Home Name:	
Caregiver Phone:	**(w)**	**(c)** Text? ☐ Yes ☐ No	**(fax)**
In event parent/guardian or caregiver cannot be reached:	**Contact:**	**Relationship:**	**Phone:**

Please complete side two

Greystone Manor
Therapeutic Riding Center

Participant's Name _____ **Date** _____

SIDE TWO: PHOTO / VIDEO RELEASE; AUTHORIZATION FOR EMERGENCY MEDICALTREATMENT; YOUR AVAILABILITY FOR LESSONS

PHOTO / VIDEO RELEASE: (Check one) ☐ **I DO CONSENT** ☐ **I DO NOT CONSENT**	
I hereby (consent to or not consent to) the use and reproduction by Greystone Manor TRC of any and all photographs and any other audio-visual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, exhibitions, including website, Facebook or for any other use for the benefit of the program.	
Date:	**Signature of Participant/Parent/Guardian:**

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT – signature required on either Consent Plan or Non-Consent Plan	
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 the agency, I authorize Greystone Manor TRC to: 1) secure and retain medical treatment and transportation if needed; and 2) release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.	
Print Physician's Name:	**Phone:**
Preferred Medical Facility:	**Health Insurance Company:**
	Policy No.:
Date:	**Signature of Participant/Parent/Guardian:**

CONSENT PLAN ☐ **I DO CONSENT**		
This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.		
Date:	**Signature of Participant/Parent/Guardian:**	
Printed Name:	**Phone:**	**Address:**

NON-CONSENT PLAN ☐ **I DO NOT CONSENT**	
I DO NOT give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while on the property of the agency. If selected, an authorized adult (parent, guardian, caregiver) must be present on property at all times of service to act on behalf of the participant in case of emergency. In the event emergency treatment/aid is required, I WISH THE FOLLOWING PROCEDURES TO TAKE PLACE:	
Date:	**Signature of Participant/Parent/Guardian:**

PROGRAM POLICIES ACKNOWLEDGEMENT

BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED, READ, AND UNDERSTAND THE PROGRAM PARTICIPANT POLICIES.

(Signature) PARTICIPANT _____	**(Signature) LEGAL PARENT / GUARDIAN** _____
(Print Name) PARTICIPANT _____ **DATE:** _____	**(Print Name) LEGAL PARENT / GUARDIAN** _____ **DATE:** _____