



## HORSESPEAK CENTER FOR PERSONAL DEVELOPMENT, INC. REGISTRATION FORM

(Please Print)

Today's date:		Referred by:		
ATTENDEE INFORMATION				
Student Last Name:		First:	Nickname Preferred: _____	
Parent/Guardian last:		First: _____	Custody	Student Birth date: / /
Street address:		Cell number: ( )		Home phone no.: ( )
P.O. box:		City: _____	State: _____	ZIP Code: _____
Occupation		Employer: _____		Employer phone no.: ( )
<b>** IMPORTANT INFORMATION: NAME OF EVENT ATTENDING: _____ DATE OF EVENT ATTENDING: _____</b>				
Print **Email Address (required): _____				
Other family members attending? _____				
INSURANCE INFORMATION				
<b>I/WE AGREE THAT SHOULD MEDICAL TREATMENT BE REQUIRED, I AND/OR MY MEDICAL INSURANCE COMPANY <u>SHALL PAY FOR ALL</u> SUCH INCURRED EXPENSES</b>				
(Please give your insurance card to the receptionist.)				
Person responsible for bill:		Birth date: / /	Address (if different): _____	
Occupation:	Employer:		Employer address: _____	
Subscriber's name:		Subscriber's S.S. no.: _____	Birth date: / /	Group no.: _____
Patient's relationship to subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other				
Indicate special instructions or anything you think we should know about you or your child				

### IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address): _____		Relationship to patient: _____	Home phone no.: ( )	Work phone no.: ( )
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I, the following individual, and the parent or legal guardian thereof if a minor, do hereby voluntarily agree to participate in the experiential instruction as a student of HorseSpeak Center for Personal Development, Inc., with understanding of both known and unknown risks, conditions, and dangers that are inherent to equine, animal, ranch, wilderness, and challenge course activities.

**Patient/Guardian signature (required)**

**Date:**

**HorseSpeak**