

Rescue the Troubled Horse – Mentor the Broken Child – Heal the Hearts of Both

PARTICIPANT INFORMATION FORM

**PLEASE READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING.
PLEASE FILL OUT ONE FORM PER INDIVIDUAL VISITING THE FARM.
PLEASE PRINT CLEARLY.**

Participant Information									
Please check one:		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Visitor		<input type="checkbox"/> Student		<input type="checkbox"/> Family Member of Student or Volunteer	
First Name:			Last Name:			Nickname:			
Address:					City:				
City:					State:		Zip:		
Personal Phone (if any):		() -		<input type="checkbox"/> Home <input type="checkbox"/> Cell		Email:			
Birthday:		/ /		Grade:		Does Child have IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check all that currently apply to this Participant.				<input type="checkbox"/> AGE 18 or older		<input type="checkbox"/> Over 240 pounds?		<input type="checkbox"/> Male	
				<input type="checkbox"/> Under AGE 18		<input type="checkbox"/> Under 10 hours riding experience?		<input type="checkbox"/> Female	
Does the participant have any physical or mental disabilities we should know about?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, formally diagnosed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please explain:	
Is the participant currently taking any medications we need to know about?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Please explain:			
Is the participant currently under care of a medical doctor?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Please explain:			
Does the participant have any physical or mental condition(s) which may affect their safety and ability to ride, or be in the vicinity of horses?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain how we can help with their special needs.			
Guardian Information (if Participant is a minor)									
Mother's Name:			Phone:			() -		<input type="checkbox"/> Guardian <input type="checkbox"/> Custody	
Mother's Address:			Mother's Employer:						
Father's Name:			Phone:			() -		<input type="checkbox"/> Guardian <input type="checkbox"/> Custody	
Father's Address:			Father's Employer:						
Guardian's Name:			Phone:			() -		If parent(s) are not guardians.	
Guardian's Address:			Guardian's Employer:						
Who Does the Child Primarily Reside With?									
Email Addresses:					Receive Newsletters/Email Updates?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact Information									
Emergency Contact Name:					Phone:		() -		
Relationship to Participant?									
Medical Insurance Information									
Medical Insurance Carrier (or "None?"):					Policy #:				
Primary Insured's Name:									

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Additional Information	
With Grace Falls Farm as a child mentorship program, how do you think your child can best benefit from coming to Grace Falls Farm?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Has your child been through a traumatic issue or dealing with an emotional matter that you would like our staff to know about? Please explain.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
As a faith based organization, we commit time each week for each individual and their family that use the Farm. How best can we be praying for you and/or your child?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>