

# HORSESPEAK CENTER FOR PERSONAL DEVELOPMENT, INC. REGISTRATION FORM

(Please Print)

Today's date:		Referred by:			
STUDENT INFORMATION					
Students last name:		First:	Nickname preferred:		Age
Parent/Guardian last:		First:	Custody	Student Birth date:	Age:
Street address:		Cell number:		Home phone no.:	
P.O. box:		City:	State:	ZIP Code:	
Occupation		Employer:			Employer phone no.:
Email address:**					
<b>Dates of Event Attending</b>		<b>Circle all that apply</b>		Women's Leadership Retreat Date: May 4-6	Women's Fall Retreat Date: Oct 5-7
Kids Camp - Age 7-9yrs. Date: June 22-24		Teen Camp. Date: July 9-13		Jr. Camp Ages 9-12yrs. Date: Aug 3-5	
Other family members attending:					

INSURANCE INFORMATION					
I/WE AGREE THAT SHOULD MEDICAL TREATMENT BE REQUIRED, I AND/OR MY MEDICAL INSURANCE COMPANY <u>SHALL PAY</u> FOR <u>ALL</u> SUCH INCURRED EXPENSES					
(Please give your insurance card to the receptionist.)					
Person responsible for bill:		Birth date:	Address (if different):		Home phone no.:
Occupation:		Employer:	Employer address:		Employer phone no.:
Subscriber's name:		Subscriber's S.S. no.:	Birth date:	Group no.:	Policy 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.:
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.			
_____ <i>Patient/Guardian signature</i>		_____ <i>Date</i>	