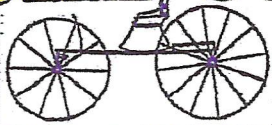




# BUCKBOARD



## THERAPEUTIC RIDING ACADEMY

### Rider Registration

Rider Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

### Photo Release (Optional)

I hereby consent to and authorize the use and reproduction of any and all photos and other audiovisual materials taken of myself and/or the client in my care, for promotional printed material, educational activities or for any other use for the benefit of the program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Rider/Parent Policy

I have received a copy of Buckboard Therapeutic Riding Academy's policy, which was explained to me by a Buckboard staff member. I have thoroughly read the policy and understand all of the information it contained.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Release of Information

I hereby authorize \_\_\_\_\_ (medical center, physician, therapist, ect) to release information from the records of \_\_\_\_\_. The information is to be released to Buckboard for the purpose of developing a therapeutic riding program for the above named client. The information to be released is marked below:

\_\_\_\_ Medical History \_\_\_\_ Speech Therapy Information \_\_\_\_ Physical Therapy Information

\_\_\_\_ Occupational Therapy Information \_\_\_\_ Classroom Individual Educational Plan

Other: \_\_\_\_\_

*Kathleen M Gaich, Instructor ∞ 308-783-2319 ∞ 270388 County Rd U, Gering, NE 69341*

*"Founded under the clear blue skies of Nebraska"*