



Today's Date: _____

Registration Form

Program Applying For:

- Therapeutic Riding / Horsin' Around / Shane's Cavalry
- Volunteer Program / StableMates
- Camp

Name: _____ DOB: _____ Phone: _____

Address: _____

Email: _____ County of Residence: _____

EMERGENCY CONTACT:

1. _____ Relationship: _____ Phone(s) #: _____

2. _____ Relationship: _____ Phone(s) #: _____

If under 18 years old OR Participant has a guardian: (FILL OUT ALL THAT APPLY)

Participant./Volunteer Lives with (circle all that apply and fill out appropriate contact info):

MOTHER FATHER GUARDIAN GROUP HOME ASSISTED LIVING

Mother's Name: _____ Mother's Phone #: _____

Mother's Work #: _____ Mother's Email: _____

Mother's Address: _____

Father's Name: _____ Father's Phone #: _____

Father's Work #: _____ Father's Email: _____

Father's Address: _____

Legal Guardian's Name: _____ Home #: _____

Work #: _____ Cell #: _____

Caregiver/Group Home/ Assisted Living Contact Person Name: _____

Company/Residence Name: _____

Address: _____

Phone: _____ Email: _____