



REINBOWS
INC.

Reinbows, Inc., of Windom, MN

43341 480th Avenue, Windom, MN 56101

www.reinbowsinc.org

Reinbows' Program: _____

Participant Registration:

(Please print. For minor, parent/guardian must provide signatures)

Name _____ Age _____ Birth Date _____

Height _____ Weight _____

Home address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Parent/Guardian Full Name _____ Work Phone _____

Address, if different _____ City _____ State _____ Zip _____

Psycho/Social Function (i.e. Work/school including grade completed, leisure interests, relationships- family structure, support systems, companion animals, fears/concerns, etc.)

Goals (What would you like to accomplish by working with the horses in Reinbows' program?)

Declaration of Fitness to Participate with Horses

I hereby declare that I/my child have no physical or mental condition that should preclude me/my child from participating in horse-assisted learning activities with Reinbows, Inc., of Windom, Minnesota.

Signature _____ Date _____

Health Information

1. List any illnesses or medical conditions or other personal health information which may affect your participation in Reinbows, Inc. activities _____

2. List medications you take on a regular basis, including inhalers _____

3. List any allergies _____
4. Physician's Name/Phone number _____
5. Emergency contact person _____ Phone _____
_____ Phone _____

Emergency Medical Consent (check applicable box)

In the event emergency medical aid/treatment is required due to illness or injury during the process of my participation at Reinbows, Inc., of Windom, Minnesota, I authorize Reinbows. Inc. to:

1. Secure and retain medical treatment and transportation if necessary.
2. Release above medical information upon request to the authorized individuals providing emergency medical treatment.

This authorization includes, but is not limited to; x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the treating physician.

Signature of Release _____ Date _____

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of my participation at Reinbows, Inc., of Windom, Minnesota. In the event emergency aid/treatment is required, I wish the following procedures to take place: _____

Signature _____ Date _____