



## Client Registration Form

*Please print clearly or type, and fill out completely and accurately. Clients under the age of 18 need to have this form signed by a parent/guardian.*

**Client Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Ht:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ (240 pounds is the upper limit for our horses and for safety.)  
**Client Address:**  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
HomePhone:(\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone:(\_\_\_\_) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**Parent(s)/Guardian(s):** \_\_\_\_\_  
(If different than client)  
**Parent/Guardian Address:**  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
HomePhone:(\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone:(\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

\*\*HorsePower communicates several changes and reminders via email. Please list the best email to reach you at

### Registration/Paperwork Contact

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**HomePhone:**(\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_  
**Work Phone:**(\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

### Scheduling Contact

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**HomePhone:**(\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_  
**Work Phone:**(\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_



### Transportation Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

HomePhone:(\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency contacts:

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

Relationship to student: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_ Phone #: \_\_\_\_\_

HorsePower would like to be able to communicate with your PT &/or OT (if applicable) after receiving completed Pre-Lesson forms to better facilitate lessons and goals. If you consent for HorsePower staff to contact your PT/OT as needed, please sign below:

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

### Acknowledgement

I acknowledge the receipt of a copy of HorsePower Client Policies and Procedures. I have been provided the opportunity for questions and clarification. I accept the terms set forth in this agreement and understand the consequences should I not abide.

**Participant Name:** \_\_\_\_\_

**Signature (Parent/Guardian if under 18):** \_\_\_\_\_

**Date:** \_\_\_\_\_