



UpReach Therapeutic Equestrian Center, Inc.

153 Paige Hill Road, Goffstown, NH 03045
603.497.2343 FAX: 603.497.5367



Unmounted Program Application & Health History

Today's Date: _____

Location: **Goffstown** **ECMC Boscawen**

PARTICIPANT INFORMATION:	
Legal Name: _____	Preferred Name: _____
DOB: _____	Gender: _____ Pronouns: _____
Race: _____	Other: _____
Mailing Address: _____	City: _____ State: ____ Zip: _____
Primary Phone: _____	Secondary Phone: _____
Email: _____	<input type="checkbox"/> Check here if you would like to opt out of mailing list

CONTACT INFORMATION:

Parent/Legal Guardian Name(s): _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

<i>Participant lives with:</i> _____	<i>Other:</i> _____
Name, if different from Legal Guardian: _____	
Primary Phone: _____	Secondary Phone: _____
Email: _____	

In the event of an emergency and the parent/guardian cannot be reached, please contact:

Name: _____ Relationship: _____ Phone: _____

Who referred you to the program? _____	
Have you (or a member of your family) ever served in the military?	If yes, who? _____

HEALTH HISTORY:

Disability: If yes, diagnosis: _____

Seizure: If yes, are seizures controlled: _____ Seizure Type: _____

Precautions: _____

Dietary Restrictions: _____

MEDICATIONS:

(include prescription, over the counter; name, dose and frequency): _____

Please indicate special needs in the following areas, including surgeries:

	Y	N	Comments
Auditory			
Visual			
Sensory Impairment			
Speech			
Cardiac			
Circulatory			
Allergies			
Orthopedic			
Substance Abuse			
Boundary Issues			
Unpredictable Behavior			
Social Skills Problems			
Anxiety or Phobias			
Animal Abuse			
Fire Setting			
Physical Limitations			
Lack of Concentration			
Sexual Abuse			
Other			

To the best of my knowledge, the above-named person is capable of safely participating in supervised equine activities, which will include unmounted ground activities.

Signature: _____ Date: _____

Parent or Legal Guardian, if applicable

Printed name: _____