

LIFESKILLS RANCH PROGRAM, INC.
"Enrich, Educate & Empower"

APPLICATION AND HEALTH HISTORY

PROGRAM YOU ARE REGISTERING FOR: _____

GIRLS & HORSES _____ RANCH WRANGLERS _____ WEEK/DATES _____

PARTICIPANT'S RIDING ABILITY - please mark one

Beginner - little or no experience _____ Intermediate - some experience with limited skills _____

Advanced - Skilled and able ride with confidence _____

GENERAL INFORMATION

Name _____ D.O.B. _____ Age _____

Address _____ Home Ph# _____

Parent/Legal Guardian _____ Home Ph# _____ Cell _____

Address (if different) _____ Email _____

Name and Phone # for emergency contact: _____

Secondary Contact _____

HEALTH HISTORY

Please check if any of the following apply to participant:

___ HEART OR CIRCULATION PROBLEMS

___ BLOOD SUGAR IMBALANCE

___ BREATHING DIFFICULTY OR ASTHMA

___ SEIZURES

___ ALLERGIES*

___ JOINT OR BONE CONDITION

___ BEHAVIORAL DIFFICULTY

If any of the above conditions are checked, please explain: _____

!

*I have a honey bee colony - although a sting is not likely, bee allergies must be considered

Please list any medications or physical limitations: _____

GOALS (as a parent or guardian, what do you hope the participant accomplishes during her participation in Girls and Horses?)

Signature _____

Date _____

WHEN COMPLETE, MAIL WITH \$50 DEPOSIT TO:

LIFESKILLS RANCH PROGRAM, 1967 ALDER CREEK LOOP, ST. MARIES, ID 83861

