



Participant Information Form

(To be completed by parent or guardian of participant)

General Participant Information

Name of Participant: _____ DOB: _____ Age: _____

Gender Identity: _____ Address _____

City: _____ State: _____ Zip: _____

Parent 1 Name: _____ Phone _____

Email: _____

Parent 2 Name: _____ Phone _____

Email: _____

Emergency Contact: _____ Phone: _____

Relationship to participant: _____

Name of person completing this form: _____

Relationship to participant: _____

Who does the participant live with? _____

Who can transport the participant to class/camp? _____

Main Contact for Windhorse? _____

How did you find out about Windhorse Equine Learning? _____

School Information

Name of School: _____ Grade: _____

School Issues: Yes No

If yes, please describe:

Participant's Medical Information

Overall Health: Poor Fair Good Excellent

Does the participant have any medical conditions that will affect their ability to work with or ride a horse? Yes No



If yes, please explain:

Does the participant have any allergies? If so, do they carry allergy medications?

Is the participant currently working with a counselor/therapist/psychologist?

Yes

No

Additional Information

Tell us what prompted you to enroll your child in the Windhorse program.

What would you like your child to learn at Windhorse?

What would you like us to know about your child?

What is your child's experience with horses?

Confirmation Statement

I hereby state that all information included above is accurate and/or correct to the best of my knowledge.

Signature of Parent or Guardian (person who completed this form)

Date