

Healing Hands Horsemanship, Inc.

(916) 505-0449 GinaMarie@HHHI.info www.HHHI.info



EQUINE-ASSISTED HORSEMANSHIP 2018 PARTICIPANT ENROLLMENT FORM

Participant's Full Name:	age
Date of birth: / /	E-mail address:
Primary contact phone#:	Emergency Contact phone#:
Mailing Address:	City, State, Zip:
**********	***********
IF PARTICIPANT IS A MINOR, PLEASE	INCLUDE:
Mother's Name:	Father's Name:
Primary Guardian's Name:	(Relationship)
Mom's Cell#:	Work#:
Dad's Cell#:	Work#:
* <u>REQUIRED</u> : Medical coverage for ALL stude	ents: <u>(type)</u> (id#)
Dhanisian name.	phone#: revious Surgeries, Recent Injuries, medications,
How did you hear about us?	atudant's poods:
How did you hear about us? Please choose the session(s) that best suits the	a student's peeds:
• (circle): <u>Private</u> or / <u>Group</u>	student's needs.
• (circle available days): Thurs / Fri / Sat / S	Sun
• (circle availability): <u>10-11am</u> / <u>11:00am-12</u> :	:00 / <u>12:00-1:00pm</u> / <u>4:00-5:00pm</u> / <u>5:00 - 6:00pm</u>
• Each lesson is one hour long. Please be on	
• Any late arrival to instruction does not gua	
	during another group hour, within the paid month.
Lessons may need to be rescheduled at instructor's discretion due to weather restrictions.	
	uled lesson if such instance arises.
Lessons will start promptly at your rese	
Late arrivals will not be rescheduled wi	
	g with them on the first day: (please initial below)
	be completely filled in, SIGNED and legible) and layered clothing: weather appropriate)
	weather when needed, otherwise low heel shoes
Water or hydrating drink & healtl	
Other items needed for the student's pa	rticipation:
	through Healing Hands Horsemanship, Inc.
Gloves with a grip texture on the p	
from HHH Inc.	ay be available), or ask about purchasing one
Please let your coach know if you have trouble	obtaining any of these items.