

Healing Hands Horsemanship, Inc.

(775)292-9303

www.HHHI.info



PARTICIPANT ENROLLMENT FORM

Participant's Full Name:		age
Date of birth:	E-mail addres	SS: 0
Primary contact phone#:	tact phone#: Emergency Contact phone#:	
Mailing Address:	ess: City, State, Zip:	
* <u>REQUIRED for ALL students</u> M	ledical coverage: (type)	(id#)
Physician name:		
or any other information rel activities:	ative to participation in l	ries, Recent Injuries, Medications, Healing Hands Horsemanship
IF PARTICIPANT IS A MINO Primary Guardian Nat		(Relationship)
Cell#:	Work#:	
Secondary Guardian's	Name:	Relationship:
Cell#:	Work#:	
How did you hear about us?		
 absence. All make-up lessons representations. Lessons may need to You will be notified be Lessons will start persons. 	does not guarantee lesson to t least 24 hours prior to y	be rescheduled. our lesson, to notify instructor of group hour, within the 30 days. or's discretion. on if such instance arises. cruction time.
Remember that each studen ☐ Check Release of Liabil	t must bring with them o	n the first day: (please check below) etely filled in, SIGNED and legible)
Additional Items needed: Check Always wear long Check Boots suitable for Water or hydratic Gloves with a grid	g durable pants (layered or mud and cold weather ing drink & healthy snack ip texture on the palm sid	clothing: weather appropriate) when needed, or low-heel shoes (le (finger-less allowed)
☐ Check SEI certified Riding helmet (loaner helmets may be available), or ask about purchasing one from HHH Inc.		

Please let your coach know if you have trouble obtaining any of these items.