

Application for Participation at Rock Ranch

Address: 355 40th Ave. Hills, MN 56138

Phone: 605-940-2243

Website: www.riderockranch.org

(All applicants must be 5 years of age or older and weigh less than 200 lbs.)

Name: _____ Age: _____ Birthdate: _____

Height: _____ Weight: _____ Gender: _____ Male _____ Female

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian's Full Name: _____

Work Phone: _____ Email Address: _____

**** Scholarships may be available. Please refer to our website for a scholarship application.****

Photographs may be taken during lessons and activities at Rock Ranch. May we publish photographs of your child on social media? _____ Yes or _____ No

Horsemanship sessions at Rock Ranch focus on safety, respect, communication, patience, independence, confidence, and fun with the horses. Please indicate which kind of lesson you are applying for:

- Winter Session (January/February): \$240 for ages 5-7; \$320 for ages 8 and up - This is an 8 week lesson series. Lessons are offered one day a week.
- Summer Session (June/July/August): \$120 for ages 5-7; \$160 for ages 8 and up - This is a 4 day lesson series. Students meet Monday - Thursday from either 9:00-10:00 or 10:15-11:15.
- Fall Session (October/November): \$240 for ages 5-7; \$320 for ages 8 and up - This is an 8 week lesson series. Lessons are offered one day a week.

Has your child previously attended Rock Ranch? _____

Please list other activities your child is involved in: _____

Does your child have or experienced any of the following (please check all that apply):

- Anxiety ○ Low Self Esteem ○ ADHD ○ Lack of Confidence ○ Impulsivity ○ Learning Disability
- Autism Spectrum ○ Anger Issues ○ Behavior Problems ○ Depression ○ Bullying ○ Physical Limitations

Other/Explain: _____

Please give a brief description of your child and what goals you would like them to accomplish while working with the horses at Rock Ranch.

Declaration of Fitness to Participate with Horses: I hereby declare that I/my child have no physical or mental condition that should preclude me/my child from participating in horse-assisted learning activities with Rock Ranch.

Signature: _____ Date: _____

Health Summary

Health Information

1. List any illnesses or medical conditions or other personal health information which may affect your participation in Rock Ranch activities:

2. List medications you take on a regular basis, including inhalers:

3. List any allergies:

4. Physician's name/phone number:

5. Emergency contact people, their relationship to student, and their phone numbers (list 3 please)

Emergency Medical Consent (check applicable area)

- In the event emergency medical aid/treatment is required due to illness or injury during the process of my participation at Rock Ranch, I authorize Rock Ranch to:
 1. Secure and retain medical treatment and transportation if necessary.
 2. Release above medical information upon request to the authorized individuals providing emergency medical treatment.

This authorization includes, but is not limited to: x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the treating physician.

Signature _____ Date _____

- I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of my participation at Rock Ranch. In the event emergency aid/treatment is required, I wish the following procedures to take place:

Signature _____ Date _____