



**Registration Form**      **Filled Out On:** \_\_\_\_\_ **For Session:** \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Client Phone Numbers

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Current PARDS Member? Yes  No  If yes, membership # \_\_\_\_\_

I would like to receive PARDS newsletter via e-mail.

Please provide e-mail address \_\_\_\_\_

Quick Information Sheet <i>(All information required)</i>		
Date of Birth:	_____ / _____ / _____	
	Month	Day      Year
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
AHC #:	_____	
Physician's Name:	_____	

Living With:

Independently

Parent(s)/Guardian(s)      Names: \_\_\_\_\_

Group Home      Name of Home: \_\_\_\_\_

Contact Person for Client: \_\_\_\_\_

Contact Phone Numbers

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Public Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(if applicable)

**Emergency Contact:** \_\_\_\_\_ **Relation to Client:** \_\_\_\_\_

**Phone Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_



**Release Form** (Must be filled out by parent/legal guardian/client with legal ability to sign for self)

**Please read the following and initial below:**

1. It is the responsibility of the client/parent/guardian to notify PARDS of any medical, contact information, or guardianship changes.
2. Clients with completed forms and a physician's release will undergo an assessment by a PARDS Instructor prior to acceptance into program.
3. For the protection and safety of all riders, clients who are under the care of a parent, guardian, or aide shall have that person present at all lessons.
4. PARDS reserves the right to remove a client from the program at any time if it is deemed unsafe for the client to continue riding.

**I have read and fully understand the above: \_\_\_\_\_ (please initial)**

**Liability Release**

\_\_\_\_\_ (client name) would like to participate in the Peace Area Riding for the Disabled Society (hereby known as PARDS) program. I acknowledge the risks and potential for risks of horseback riding and horse-related activities. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against PARDS, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees of any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in any PARDS program.

**Photo Release**

Please check one:  I hereby consent  
 I hereby do not consent

...to and authorize to the use and reproduction by PARDS of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

**Information Release**

I hereby authorize PARDS to release to its instructors and helpers such information on myself/my son/my daughter/my ward as may be necessary to conduct a beneficial and safe program.

**Authorization for Emergency Medical Treatment**

In the event of an emergency where medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize PARDS to:

1. Secure and retain medical treatment and transportation of needed, and
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed as "life saving" by the physician. This provision will only be invoked if the parent/guardian/emergency contact listed above is unable to be reached.

**I hereby am signing for the Liability Release, Photo Release, and Information Release, as well as the Authorization for Emergency Medical Treatment.**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(please print)

**Witness Name:** \_\_\_\_\_ **Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(please print)



## Risk Assessment

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**The following questions are intended to provide the program facilitator with information necessary to develop a safe and effective learning program as well as to identify any contraindications to inclusion in the program. Please provide as much detail as possible.**

Has the youth ever received mental health treatment or counselling?

Is there a history of known or suspected animal abuse or fire setting?

Is the child actively dangerous to self or others?

Are there any violent, aggressive or unpredictable behaviours?

Is there drug and/or alcohol abuse?

Are there underlying medical conditions such as seizure disorders?

Does the child fit the overall intent of the group? Eg: coping skills, self esteem building...

Note: Risk Assessment will be conducted/reviewed by the program facilitator and may include the program mentor. This process may result in referral to an alternate agency for treatment. PARDS EFW program is not intended to diagnose, treat or cure psychiatric or clinical mental health issues.



# Membership Application

- January 1 to December 31
- Insurance Coverage at PARDS facility (membership is mandatory for all users of the facility)
- Voting Privileges at Annual General Meeting
- Quarterly Newsletter

Name: \_\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**This membership is for (please check one):**

- Individual (\$10/year)
- Volunteering Only (honorary individual membership)
- Family (\$20/year)

Please list all immediate family members residing at the above address who you wish to include in your family membership:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Please let us know if you (or any of the family members listed above) are interested in the following volunteer opportunities (please check all that apply) :**

- |                                      |   |  |  |
|--------------------------------------|---|--|--|
| <i>Lessons:</i>                      | <i>Fundraising:</i>                                 | <i>Committees:</i>                           | <i>Other:</i>  |
| <input type="checkbox"/> Daytime     | <input type="checkbox"/> Bingos                     | <input type="checkbox"/> Board of Directors  | <input type="checkbox"/> Facility maintenance          |
| <input type="checkbox"/> Evening     | <input type="checkbox"/> Casinos                    | <input type="checkbox"/> Development         | <input type="checkbox"/> Administrative help           |
| <input type="checkbox"/> Stable duty | <input type="checkbox"/> Annual Fund Ride/PEP Games | <input type="checkbox"/> New Facility        | <input type="checkbox"/> Other (please specify): _____ |
|                                      | <input type="checkbox"/> Annual Dine & Dance        | <input type="checkbox"/> Fund Ride/PEP Games | _____  |
|                                      | <input type="checkbox"/> Other fundraising events   | <input type="checkbox"/> Annual Dine & Dance | _____  |

**I would like more information on the following:**

- rider sponsorship
- horse sponsorship
- planned giving

**Fees enclosed:**

Individual Membership.....\$ \_\_\_\_\_

Family Membership.....\$ \_\_\_\_\_

Volunteer Only Membership.....(n/a)

I would like to donate.....\$ \_\_\_\_\_

**Total Amount Enclosed.....\$ \_\_\_\_\_**

\*\*PARDS collects, uses, or discloses personal information only to the extent necessary to meet the purpose of the creation and maintenance of current records of membership and for contacting individuals to notify of PARDS news and events. PARDS does not disclose personal information except as permitted by law.\*\*

Office use only	
Membership Number	Membership Year