



Horses Healing Hearts, Inc. Program Participant Application

Mission Statement: HHH provides children with a family member suffering from addiction (ages 6-18) the opportunity to work with horses in order to heal emotionally and learn positive life-coping skills.

Applicant Name: _____ Date: _____

Address: _____ DOB: _____

City: _____ Zip: _____ Phone: _____

Email: _____ Allergies: _____

Parent/Guardian: _____ Phone: _____

Address: (if different from above) _____ Sec. Phone: _____

Secondary/Emergency Contact: _____ Ph: _____

Insurance: _____ Group # _____

Coverage in name of: _____ Phone: _____

School your child attends: _____ Grade: _____

Other activities child is involved in: _____

Current GPA: (if in 8th grade or above): _____

Is child on any medications: _____ List: _____

What is the relationship of the addict, or lack of, to child (ie: mom, dad, step-dad): _____ Does the child regularly see this person and if so, what frequency: _____ Is there currently or has there ever been a DCF file opened for this child: _____ If so, give dates and details: _____

Is there any family member not permitted to transport and/or drop off/pick up from HHH? _____ If so, please give details: _____

Participant Notice: There are rules and guidelines we enforce for the safety of all participants. Additionally, we take your scheduled sessions very seriously and expect you will as well. Any cancellations must be made 24 hours in advance unless severe illness. We reserve the right to place your spot in our program on suspension should we feel you're interest or dedication to the program is lacking.

I understand the aforementioned statement and have read and understand the "Participant Expectations" sheet. I agree to abide by these guidelines:

Participant Signature: _____ Date: _____

Parent/Guardian: Please read the aforementioned information for program participation. If your child cannot drive, their success in this program is dependent on your transportation to and from our center. Please commit to this before signing. Also, our program registration fee is \$35.00. This is an annual, non-refundable fee that goes towards administrative costs of operating the programs and curriculum. Additionally, there is a \$50 per session fee. Sliding Scale is offered for families in need. No child is turned away for inability to pay. We make every effort to maintain privacy of family issues involving addiction. No person may get any information on participants via phone or inquiry without your signed release. Thank you.

Parent/Guardian Signature: _____ Date: _____

Helmets must be worn anytime participants ride.

WARNING

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

For Office Use:
