



# SPECIAL TROOPERS ADAPTIVE RIDING SCHOOL

33148 K22—Sioux City, IA 51108—www.scstars.org—P: 712.239.5042—F: 712.224.3471

For Office Use:

Date received: \_\_\_\_\_

## RETURNING PARTICIPANT REGISTRATION

Please print legibly

PARTICIPANT NAME: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (Required to Participate)

Participant's T-shirt Size: Youth  \_\_\_\_\_ Adult  \_\_\_\_\_

Describe any recent updates/changes to medical, behavioral, diagnosis, etc. An updated Physician's form may be required with medical updates. \_\_\_\_\_

What goals would you like the participant to work on in the coming sessions? \_\_\_\_\_

Would you like to sign this participant up for the STARS Horse Show in September? (If yes, be sure to add T-Shirt size above.) Yes  No

Please update the following information with any changes.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Best way to contact you: Email  Phone  or Text

Any Additional Information to share? \_\_\_\_\_

## PAYMENT CONTRACT & AGREEMENT

The payment contract and agreement will remain the same. Session fees for a 6-week session of Therapeutic Riding will remain \$189 and a 6-week session of Ground Work will remain \$94.50. All session fees will be due prior to participation. A \$30 deposit is required with registration and will be applied to the Participant's session fees.

**\*STARS, Inc. reserves the right to refuse or discontinue services at any time for current or potential participants if the participant exceeds a safe weight limit or poses other safety concerns of any nature.**

Signature (Self, Parent, or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**\*\*If under 18 years of age, Parent/Guardian MUST sign\*\***