## **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:	Birth	date:	
Height: Weight:						
Home A	ddress:		_City/State	/Zip:		
Home P	hone:	Cell Phone:				
Parent/C	Guardian's Full Name:					
Work Pl	hone:	Email Address:	·			
	** Scholarships may be available. Please				•	
_	aphs may be taken during lessons and activities at l	Rock Ranch. Ma	ay we publ	ish photogra	phs of your chi	ld on social
	anship sessions at Rock Ranch focus on safety, resp horses. Please indicate which kind of lesson you a		ion, patien	ce, independ	ence, confiden	ce, and fun
	<u>Introductory Class:</u> \$30 - This class is intended for fa one hour class.	amilies to discover	if their chi	ld is intereste	d in horsemans	hip. Includes 1
	<u>Winter Session (January/February)</u> : \$200 for ages 5-7 offered one day a week.	7; \$300 for ages 8	and up - Th	is is an 8 wee	k lesson series.	Lessons are
	<u>Summer Session</u> (June/July/August): \$100 for ages 5-Monday - Thursday from either 9:00-10:00 or 10:15-1		8 and up - T	his is a 4 day	lesson series.	Students meet
	<u>Fall Session</u> (October/November): \$200 for ages 5-7; offered one day a week.	\$300 for ages 8 a	nd up - Thi	s is an 8 week	lesson series. I	Lessons are
	Has your child previously attended Rock Ranch?					
-	learning areas may be targeted during lesson time, and spiritual growth. Please indicate below if you we		_			
	Not applicable					
	Physical (fine and gross motor skills, balance and coo motion, and flexibility)	ordination, posture	and body a	iwareness, mi	iscle developme	ent, range of
	Cognition (sequential learning, verbal skills, following	g directions, mem	ory, focus a	and attention s	span, problem s	olving)
	Social/Emotional (collaboration and teamwork, relation	onships, friendship	p skills, cor	nmunication,	respect and ma	nners)
	Spiritual (Learning scripture, finding peace and conne	ecting with nature	)			
_	give a brief description of your child and what t Rock Ranch?	goals would you	like them t	o accomplisi	ı while workin	g with the
	tion of Fitness to Participate with Horses: I hereby preclude me/my child from participating in horse-as		•			ndition that
F	r. r. r. g					

## **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 and numbers (list 3 please)			
Emerg	gency Medical Consent (check applicable area)			
0	the event emergency medical aid/treatment is required due to illness or injury during the process of my participation at ock Ranch, I authorize Rock Ranch to:			
	1. Secure and retain medical treatment and transportation if necessary.			
	<ol> <li>Release above medical information upon request to the authorized individuals providing emergency medical treatment.</li> </ol>			
	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			
0	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.			
	Simulations			