

Brooke's Round-Up

Rider Registration Form

Applicant's Name: _____
First Last

Date of Birth: _____

Address: _____
Street City State ZIP

Telephone: _____
Home Cell

E-mail: _____

Emergency Contact: _____
Name Relation and Phone #

Please indicate current special needs in the following areas:

Hearing _____

Communication _____

Emotional/Mental Health _____

Behavioral _____

Muscular _____

Does the applicant require the use of ambulatory aids? _____ (Y/N)

If yes, what type _____

Photo Release:

I, ___DO ___DO NOT, consent to and authorize the use and reproduction by Allen's Place Inc and/or Blazin' Trails Cowboy Church of any and all photographs and any other audio/visual taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Client, Parent or Legal Guardian

