sUMMIT CENTRE rIDER aPPLICATION

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**Rider Application Checklist**

Please use this checklist to ensure that all of the forms have been completed and are attached to your application submission. Participation is dependent on the completion and filing of this application. Files will need to be updated annually.

|  |  |
| --- | --- |
|  | **(1) Participants Application and Health** |
|  | * Complete all requested information and use N/A for non-applicable questions * Sign and date the Consent or non-consent section at the bottom of the page |
|  | **(2) Emergency Treatment Release** |
|  | * Complete all requested information and use N/A for non-applicable questions * Sign and date the bottom of the form |
|  | **(3) Policies & Procedures** |
|  | * Check each box after reading and Sign and date the bottom of the form |
|  | **(4) Participant’s Medical History and Physician’s Statement** |
|  | * Completed, signed and dated by participant’s PHYSICIAN. |
|  | * Summit Centre can only accept this form, no substitutions. |
|  | **(5) Seizure Information** |
|  | * Complete all requested information, if participant does not have seizures, check the appropriate box * Sign and date the bottom of the form |
|  | **(6) Release and Hold Harmless Release** |
|  | * Carefully read and sign and date bottom of form |
|  | **(7) News and Photo Release** |
|  | * Sign and date photo release form |

DOB:

Age:

Height: Weight:

Gender:

M

F

Address:

Phone: Email: Alternative #:

Employer/School:

Address:

Phone:

Parent/Legal Guardian:

Caregivers:

Address (if different from above):

Phone:

Referral Source:

Phone:

How did you hear about the program?

**HEALTH HISTORY**

Diagnosis:

Date of Onset:

*Please indicate current or past special needs in the following areas:*

Y

N

Comments

Vision

Hearing

Sensation

Communication

Heart

Breathing

Digestion

Elimination

Circulation

Emotional/Mental Health

Behavioral

Pain

Bone/Joint

Muscular

Thinking/Cognition

Allergies

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SuMMit Centre for Therapeutic Riding

**(1) Participant’s Application & Health History**

**Participants Name:**

**MEDICATIONS** (include prescription and over-the-counter, name, dose and frequency)

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

**PHYSICAL FUNCTION** (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

**PSYCHOSOCIAL FUNCTION** (e.g., work/school including grade completed, leisure interests, relationships-

Family structure, support systems, companion animals, fears/concerns, etc.)

**GOALS** (i.e., why are you applying for participation? What would you like to accomplish?

Signature:

Date:

**(2) Emergency Treatment Release Form**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_ M\_\_\_ F\_\_\_**

**Parent or Guardian (if under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Caretaker Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Caretaker Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contacts:**

**1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Physician:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Health Insurance Co.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Insured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please describe participant’s current health status/disability (if applicable), particularly any physical or emotional demands, or any special precautions required while participating in our therapeutic riding program.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list all allergies and current medications:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consent Plan**

In case of medical emergency, due to illness or injury during the process of receiving services, or while being on the property of the Summit Centre, the undersigned authorizes Summit Centre to: 1) Secure and retain medical treatment and transportation, if needed and 2) Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication, anesthetic, and any treatment procedure deemed “life saving” by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Consent Signature (Parent or Guardian) Date

**Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

\_\_\_\_\_\_\_Parent or Guardian will remain on site at all times during equine assisted activities

\_\_\_\_\_\_\_In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Consent Signature (Parent or Guardian) Date

**(3) Policies & Procedures**

Please read carefully and check each of our policies to indicate that you have read, understand and accept each policy as written in this document. Sign and complete this form and keep a copy for your own reference.

1. **Forms and Payments**
   * Lessons are a flat monthly fee of $200/mth. due at the beginning of the month. Lesson payments are non-refundable.
   * All completed forms and the monthly payment must be submitted before rider can participate in a lesson.
   * A late fee of $50 will be added to the remaining balance if not paid by the established due date.
   * Participants receiving scholarships need to establish payment arrangements with the Executive Director at the time of registration. If the scholarship funds do not fully cover the tuition, the participant is responsible for the remaining balance and is due at the time of registration.
2. **Arrival Time**
   * Plan on arriving at least 10 minutes before the start of the lesson. Do not arrive if you are over 10 minutes late.
   * Please obey the 10mph speed limit throughout the property and be alert to other cars, riders and pets.
3. **Clothing** (participants must always have the following attire to ride)
   * ATSM-SEI approved helmet. Summit Centre will provide helmets if necessary. If using your own helmet, the tags/sticker must be available to verify ASTM-SEI compliance. Instructor will verify fit of any helmet used.
   * Riders must wear some type of boot with a closed toe and heel. Sneakers, flip-flops or crocs are not acceptable. We have a boot donation box available to those that want to look for used boots.
   * Long pants (no shorts). Riding pants or cotton stretch pants with limited seams are preferred. Jeans or slippery athletic pants are not recommended.
4. **Inclement Weather**
   * Only in cases of extreme weather will lessons be canceled. Call 302-690-7235 and listen to the recording to find out if lessons are canceled.
   * If lessons are not canceled, and you choose not to come, you will forfeit the lesson
5. **Cancellations and Missed Lessons**
   * If Summit Centre cancels lessons, a makeup lesson will be scheduled.
   * If you are unable to attend a lesson, notify Summit Centre at least 24 hrs. in advance of the lesson by calling 302-690-7235. We will provide 1 make up day at the end of the month for make-ups. Any other lessons canceled will be forfeited.
6. **Update Information on Participants Condition**
   * Please inform us immediately on any change in the participant’s health. Immediately advise the instructor and send an email to: SummitCentre@Outlook.com. The program staff and instructors must have current information on all elements of the participant’s condition in order to be able to provide the most effective instruction and insure the safety of all participants.
   * Please keep your contact information updated by providing us any changes, in writing, to our email address: SummitCentre@Outlook.com.
7. **Rider Evaluation**
   * Each new rider will undergo a short evaluation after the application is received, but before their first lesson. This evaluation will be conducted by a certified instructor to determine if there are any age, weight, physical or behavioral issues that would make mounted equine assisted activities dangerous to the rider or other participants. Non-mounted activities may be recommended before mounted activities. The evaluation results will be covered with the parent/guardian/rider before acceptance into the program.
   * The welfare and safety of our horses and riders are paramount. Due to the size of our ponies/horses, and the safe load for them to carry, we must restrict the weight of our riding clients to 280lbs or less. Each individual participant is evaluated to determine whether riding is a suitable activity. As a result, riding may not be appropriate even though the participant’s weight is within the weight limit.
   * We do not accept children under the age of 5 into the program.
   * Riders may be removed from the program at any time with a written notice. Basis for dismissal is outlined in the next section.
8. **Rules for Dismissal**

Participants may be discharged from activities based upon, but not limited to the following reasons:

* + Participant’s physical/health condition has worsened and the condition is now considered a contraindication.
  + Participant exhibits behavioral, physical or emotional change that we deem to be un-safe.
  + Participant now exceeds weight limit.
  + Any reason the staff has concluded that participation in Summit Centre’s therapeutic program is no longer safe or an appropriate activity for the participant.
  + All dismissals will be executed in writing, outlining all reasons for dismissal and possible plan of actions for re-instatements if possible. Any unused payment will be refunded.

1. **Spectators During Lessons:**

These requirements are necessary for everyone’s safety from the inherent hazards in and around equine facilities. If any visitor becomes a concern, they will be asked to leave.

* + All siblings or friends/family of the participant must stay within the designated areas. Children must be supervised by an adult at all times, especially in the barn area.
  + NO running/pushing/yelling around the horses or while lessons are in progress.
  + NO feeding horses without prior permission. Some of our horses have a medical need that requires a strict and special diet.
  + No playing or throwing balls around the horses or lessons.
  + We respectively request you to leave your pets at home.
  + No flash photography without first setting up a session with a staff member. Horses are often spooked by flashes.
  + All spectators are expected to stay out of the ring where the lessons are taking place and remain in designated areas only and please no yelling instructions from the sidelines.

*I have read and understand the basic rules and policies under which the Summit Centre for Therapeutic Riding, Inc. operates, and by my signature indicate my willingness to abide by these rules:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Participant Signature Print Name Date

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Parent/Guardian Signature Print Name Date

Participant: DOB: Height: Weight:

Address:

Diagnosis: Date of Onset:

Past/Prospective Surgeries:

Medications:

Seizure Type: Controlled: Y N Date of Last Seizure:

Shunt Present: Y N Date of last revision:

Special Precautions/Needs:

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices:

*For those with Down syndrome:* Neurologic Symptoms of Atlantoaxial Instability:  Present  Absent

***Please indicate current or past special needs in the following systems/areas, including surgeries. These conditions may suggest precautions and contraindications to equine activities.***

Circulatory

Integumentary/Skin

Immunity

Pulmonary

Neurologic

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities and/or therapies. I understand that the PATH Intl. Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

Name/Title: MD DO NP PA Other Signature: Date: Address:

Phone: ( ) License/UPIN Number:

Y

N

Comments

Auditory

Visual

Tactile Sensation

(4) Participant’s Medical History & Physician’s Statement

Muscular

Speech

Pain

Emotional/Psychological

Cognitive

Learning Disability

Allergies

Orthopedic

Balance

Cardiac

**(5) Seizure Information**



Please fill out this information about any seizure disorder so that Summit Centre can most safely and effectively serve you. If no seizures are present, indicate N/A and sign at the bottom.

\_\_\_\_\_\_\_\_\_This participant **does not have seizures**. No need to complete the rest of the form.

\_\_\_\_\_\_\_\_\_This participant **has seizures**. Complete Below.

1. What type of seizures does the participant have?
2. Describe their typical aura.
3. The participant’s typical motor activity during the seizure is:
4. The average duration of the participant’s seizure is:
5. How does the participant feel and behave after having had a seizure and how long does it last?
6. What does the Summit Centre staff need to do should a seizure occur while the participant is at our Centre?
7. Is there anything else that we need to know about the participant’s seizure disorder?

By signing this form, you are recognizing the fact that you will notify (in writing) Summit Centre and the participant’s riding instructor if the participant’s seizures have a change of frequency or type of seizure. We also need to be informed if the participant has had a seizure the day of the riding lesson. Thank you!

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Participant Signature Print Name Date

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Parent/Guardian Signature Print Name Date

**(6) SUMMIT CENTRE RIDING INSTRUCTION AND LIABILITY RELEASE FORM-2017**

THIS FORM MUST BE COMPLETED BY AND FOR EACH PARTICIPANT.  
PLEASE READ CAREFULLY BEFORE SIGNING. SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY, “THIS STABLE” DOES NOT GUARANTEE YOUR SAFETY.

Karen & Shirley Garland, Kim & Emmett Meier, Avalon SportHorse, Garland Enterprises, Inc., Rowan Farm LLC., Bri Stephans and Blue Diamond Equestrian and all employees, officers or contract laborers are hereinafter known as "“THIS STABLE”.

**RIDER NAME**: **AGE** (IF UNDER 21):

**Horse Riding Experience**: Under 10 hours Over 10 hours

**REGISTRATION OF RIDERS AND AGREEMENT PURPOSE** - In consideration of payment of a fee and the signing of this agreement, I, the following listed individual, (and the parent or legal guardians thereof if a minor), do hereby voluntarily request and agree to participate in riding instruction as a student at “THIS STABLE”, and that this student will either ride his/her own or leased horse, or school horses provided by “THIS STABLE” for instructional purpose, today and on all future dates. “THIS STABLE” has the right to refuse lesson services on any horse it feels is unsafe.

**AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** - This agreement shall be legally binding upon me, the registered student, and the parents or legal guardian thereof and it shall be interpreted according to the laws of the state and county of “THIS STABLE’S” physical location. If any clause, phrase, or word is in conflict with state law then that single part is null and void. The term "HORSE" herein shall refer to all equine species- The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, ponies, mules or donkeys, whether from the ground or mounted. The terms "STUDENT" and/or "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground- The terms "I', "ME", "MY" shall herein refer to the above registered student rider and the parents or legal guardians thereof If a minor.

**ACTIVITY RISK CLASSIFICATION** - I UNDERSTAND THAT: Horseback riding is classified as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity, despite all safety precautions. According to NESS (National Electronic injury Surveillance systems of United States Consumer Products) horse activities rank approximately 64th among the activities of people relative to injuries that result in a stay at U.S. Hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.

**NATURE OF HORSES UNDERSTAND THAT**: “THIS STABLE” chooses its school horses for their calm dispositions and sound basic training as is required for use for STUDENT RIDERS, and “THIS STABLE” ***follows a rigid safety program***. Yet, no riding horse is a completely safe horse. If a rider falls from horse to ground it will generally be at a distance of from 3 ft. to 5 ft., and the impact may result in injury to the rider. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing directions or speed at will; shifting its weight, bucking: rearing; kicking; biting; or running from danger.

**CONDITIONS OF NATURE AND INSPECTION OF PREMISES** - I UNDERSTAND THAT: “THIS STABLE” is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fail, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run or fly near or bite and sting a horse or person: and irregular footing an out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. The rider and parent or legal guardian have inspected “THIS STABLE’S” facilities and are satisfied that all premise conditions are reasonably safe for riders intended purpose and usage.

**PROTECTIVE HEADGEAR & CLOTHING WARNING** -I AGREE THAT: I have been fully warned and advised by “THIS STABLE” that protective headgear (of a quality not less than SEI CERTIFIED ASTM STANDARD F1163 ) must be worn at all times while riding, being and working around horses. I do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some head injuries. Riders are also required to wear appropriate riding boots during lessons.

**LIABILITY RELEASE** - I AGREE THAT: In consideration of “THIS STABLE” allowing my participation in this activity, under the terms set forth herein, I, the rider, and the parent or guardian thereof (if a minor), do agree to hold harmless and release “THIS STABLE”, its owners, agents, employees, contract laborers, officers, members, premises owners, affiliated organizations, and insurers from legal liability. and I do further agree that except in the event of “THIS STABLE’S” gross and willful negligence, I shall bring no claims, demands, actions and causes of action and or litigation against “THIS STABLE”, and ITS ASSOCIATES, as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of “THIS STABLE”, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of “THIS STABLE”.

WARNING  
UNDER DELAWARE LAW (**Title 10 Delaware Code, Section 8140, Section 1, Amend Chapter 81**): **Under Delaware law, an 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, pursuant to 10 Delaware Code subsection 8140. (70 Del. Laws, c.212, subsection 1.)**.

SIGNER STATEMENT OF AWARENESS  
WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE ANDASSUMPTION OF RISK. WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT'S PHYSICAL& MENTAL CONDITION, EXPERIENCE, RELATIONSHIP TO GUARDIAN/PARENT AND AGE ARE TRUE AND ACCURATE.

SIGNATURE OF RIDER or GUARDIAN(s) (If rider is under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME OF RIDER DATE

ADDRESS

CITY STATE ZIP CODE

PHONE: E-MAIL:

**(7) Photo Release Form**

Please check one option and sign.

\_\_\_\_\_\_\_\_\_\_\_I DO

\_\_\_\_\_\_\_\_\_\_\_I DO NOT

Consent to and authorize the use and reproduction by Summit Centre of any and all photographs and any other audio/visual materials taken of me for promotional material, educational, activities, exhibitions or for any other use for the benefit of the program. Summit Centre will always get authorization to use any media before use.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client, Parent or Legal Guardian Signed in the presence of center staff