



2017 Participant's Application and History (Page 1 of 2)

Participant: _____

DOB: _____ Age: _____ Gender: M F Height: _____ Weight: _____

Home Address: _____ City: _____, MN Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Please add ncride@gmail.com to your safe list.

Parent work phone: _____

Parents/Legal Guardian (BOTH NAMES): _____

Address (if different): _____

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:

	yes	no	comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognitive			
Allergies			Epi-pen?

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

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

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

PSYCHO / SOCIAL FUNCTION (i.e. 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?)

PHOTO RELEASE : I _____ DO _____ DO NOT consent to and authorize the use and reproduction by North Country RIDE 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 (this includes the website, North Country RIDE Facebook & newspapers).

****new** PHOTO POLICY:** PHOTOS you take at North Country RIDE of riders/volunteers other than YOUR child may not be posted to FaceBook or other social media sites. Please respect the privacy of all participants & volunteers.

Signature: _____ Date: _____

Client, Parent or Legal Guardian