

Checked and Approved by:

Date: _____



New Kingdom Trailriders Rider UPDATE Form 2021

Rider Check List ____
Chimp Mail ____
Rider Contact ____
Rider Emergency ____
Quickbooks ____
Equiforce ____
Scanned ____
Attached ____
Ready to be Filed ____

Staff use only

Student Name: _____

Student Age: _____

Student Height: ____” ____’

Student Weight: _____ lbs

Student Gender: _____

Student Diagnosis/What qualifies student as rider:

Student's Riding Goals for 2021 (What rider wants to learn/work on):

- 1.
- 2.
- 3.

I have read the 2021 NKT Riders Handbook. By signing below, I indicate that I understand and agree with the NKT policies: _____

New Kingdom Trailriders

Medical History/Authorization for Emergency Medical Treatment Form

___ Participant ___ Staff ___ Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Street

City

State

Zip

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Co: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

Medical History and Conditions/Special Accommodations Needed:

I have supplied the information requested above to the best of my knowledge and ability. The above information is up to date and current.

Participant/Parent/Legal Guardian Signature: _____ Date: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event of emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize New Kingdom Trailriders to:

1. Secure and retain medical treatment and transportation if needed
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

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 legal 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.

Date: _____ Consent Signature: _____

Date _____

NKT – STUDENT REGISTRATION FORM UPDATE – 2021

Student Name: _____

Student Contact information:

Preferred method of contact: Phone Email

Primary Contact (Self/Parent/Guardian):

Name: _____

Relationship to Student or Self: _____

Phone number: _____

Email: _____

Address: _____

Secondary Contact (Self/Parent/Guardian):

Name: _____

Relationship to Student or Self: _____

Phone number: _____

Email: _____

Address: _____

*If there is an additional information you need to update it is your responsibility to email Monika at Monika@nktriders.org