



Information Form

Participant Name: _____ Date of Birth: ____/____/____

Address: _____ Phone: _____ - _____ - _____

Phone (work/cell) _____ - _____ - _____

City: _____ State: _____ Zip: _____

School: _____ Gender: Male Female

Parent/Legal Custodian/Legal Guardian: _____

(If participant is a child/adolescent)

Address: (if different): _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ (home) _____ - _____ - _____ (work/cell)

E-Mail: _____ (I give permission for contact by e-mail.)

Place of Employment: _____

Emergency Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ (home) _____ - _____ - _____ (work/cell)

If participant is a minor: I, the parent/legal custodian/legal guardian of the above named minor, do hereby give my consent for his/her participation to work with InBalance, Equine Assisted Growth & Learning Program

Signature (Parent, Legal Custodian, Legal Guardian, if minor) Date
(Parent must be a legal custodian of child to give consent)

