



Shining Stars Student Registration Form

2019

3185 York Road - Gettysburg, PA 17325 - Email brandyicrago@gmail.com - (717) 398-8327

ALL FORMS MUST BE COMPLETED in order to process this registration. Sign & date application where indicated, Enclose all four pages and the \$15.00 registration fee and return to SHINING STARS. Registration Forms MUST BE MAILED to the address indicated with the \$15.00 registration fee. Please do not email your rider registration forms. Make checks payable to SHINING STARS.

- New Student List Last Student Instructor _____
- Returning Therapeutic Riding Student. Side Walkers Needed Semi-Independent - Some Assistance. Independent - No Assistance

Student Name _____
 Address _____

 City _____ State _____ ZIP _____
 Telephone _____

School Name _____ Grade _____

Is the Student's behavior age appropriate most of the time? Yes
 No Most of the Time. If No - Explain _____

Sex _____ Height _____ Weight _____ Date of Birth _____

Student Diagnosis/Disability _____

Assistive Devices Wheelchair Braces Crutches
 Other-Specify _____

List all Medications _____

Is the student allergic to any medications? No Yes - If Yes,
 List all Medications _____

Are there any side-effects our staff should know about? _____

Seizures Is the student subject to seizures? No Yes- If Yes, How often _____ How long does it last? _____
 Describe a usual seizure, action taken during & after seizure. _____

Vision Normal Normal with Glasses Problems Left Right
 Both Close Up Distance Minimal Vision Totally Blind
 Color Blind _____

Walking Normal Has difficulty walking on: Rough terrain
 Difficulty with balance Cannot bear weight on legs Left
 Right Both. Uses assistive devices _____

Sitting Skills Normal Needs a chair with back support. Can not maintain sitting balance without complete support. _____

Arm-Hand Normal Limited Left Right Both
 Degrees of control Moderate Minimal Total
 Hand skills Can use Scissors Pencil Can point _____

Toileting Skills Normal Must be reminded Needs Help
 On/Off toilet With clothing Diapers Special Help _____

Hearing Skills Normal. Can hear well. Hearing loss Left
 Right Both. Has hearing aid in Left Right Both. Can care for hearing aid without help. Cannot hear at all. _____

Speech/Communication Normal
 Understands written words. Understands spoken words.
 Often only the family understands. Uses only a few words.
 No speech, uses gestures. Uses a language board. Other _____

Parent Guardian Other _____
 Name _____
 Address _____

 City _____ State _____ ZIP _____
 Telephone _____ Cell _____
 email _____

Person to contact if parent/guardian cannot be reached
 Name _____
 Address _____

 City _____ State _____ ZIP _____
 Telephone _____ Cell _____

Medical Release:

In case of a medical problem while _____ is with the Shining Stars class, I understand every reasonable effort will be made to contact me in case of an emergency. In the event that I cannot be reached, I give my permission to the staff to secure appropriate medical treatment for him/her. I also give permission for release of information for insurance purposes.

Doctor's Name _____ Telephone _____

Hospital of Choice _____ Telephone _____

I release the Shining Stars Staff and/or church personnel of any responsibility except as agreed upon in this release. You will have the opportunity to discuss this agreement with a Shining Stars staff member during our intake process.

Signature Relationship to Student Date

Signature of Shining Stars Staff Member Date of Interview

* * * * *

Consent for Photographs:

I hereby give my consent for _____ to be photographed while attending the Shining Stars class, church activities, riding ministry, or class-related activities. I also give permission for any photographs or slides of him/her to be reproduced as publicity for the program or for training purposes.

Signature Relationship to Student Date

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Therapeutic Horseback Riding Ministry:

WARNING: Under Pennsylvania law an equine activity sponsor, participant or professional or any other person is not liable for an injury or loss to or the death of a participant in equine activities resulting from the inherent risks of equine activities under the Equine Activity Liability Act.

I hereby give _____ my permission to participate in Shining Stars Therapeutic equine activities.

Signature Relationship to Student Date

If the volunteer scheduled to sidewalk with my rider does not show up, I am willing to step in rather than cancel my child's lesson.

Shining Stars Therapeutic Riding

Freedom Valley Worship Center
3184 York Road
Gettysburg, PA 17325

Brandy Crago, Program Director
(717) 398-8327

Medical Release Form

TO BE COMPLETED BY HEALTH CARE PROVIDER (PHYSICIAN/NURSE)

Patient/Child's Name _____

Parent/Caregiver _____

Address _____

City _____

State _____

Zip _____

Height Ft. _____

In. _____

Current Weight _____

What is this patient/child's primary diagnosis? _____

Date of diagnosis _____

Is this patient/child currently receiving treatment? No Yes If yes, please explain _____

Does this patient/child have any other medical problems? _____

Does this patient/child have the need for braces, wheelchair or other mobility issues? _____

Does this patient/child have any rods, pins or other medical devices in place? _____

Does this patient/child have any type of seizure activity? _____

Controlled? No Yes

Date of last seizure: _____

Special Precautions/Needs _____

Physician's Statement: I have examined _____

and find there is no reason why this person cannot participate in supervised equestrian activities.

Please Stamp or Print Clearly Office Mailing Address:

Office _____

Address _____

City, State Zip _____

Clinic / Day Phone _____ Emergency / On Call Phone _____

Signature of provider _____ Date _____

Print Name _____

Release and Waiver of Liability

In consideration of being permitted to participate in the equestrian activities being offered by Shining Stars/Freedom Valley Worship Center, the undersigned, for himself, his personal representatives, heirs, and next of kin, hereby agrees to the following:

1. Hereby, releases, waives, discharges and covenants not to sue Shining Stars/Freedom Valley Worship Center, its officers, employees, volunteers, and other participants all for the purposes herein referred to as "release", from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property resulting in death of the undersigned, whether caused by the negligence of the release or otherwise while the undersigned is in or upon the premises for the purpose of participating in the Shining Stars/Freedom Valley Worship Center activities
2. Hereby agrees to indemnify and save and hold harmless the release and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the premises and whether caused by the negligence or the release or otherwise.
3. Hereby assumes full responsibility for and risk of bodily injury, death or property due to the negligence of release or otherwise while on the premises.

The undersigned expressly acknowledges and agrees that the program activities can be very dangerous and may involve the risk of serious injury and/or death. The undersigned agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the state in which the class is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreements have been made.

I have read the release and agree to its terms:

Student

Student Signature

Date

Student Printed Name

Parent/Guardian if student is a minor

Date

Please complete all forms. Sign & date application where indicated. Enclose all four form pages, \$15.00 registration fee (made payable to Shining Stars) and MAIL to SHINING STARS. Please do not email your registration forms.

MAIL TO:

Shining Stars Therapeutic
Ministries 3185 York Road
Gettysburg, PA 17325