

Checked and Approved by:

Date: _____



**New Kingdom Trailriders
Rider UPDATE Form
2023**

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 Gender: _____

Student Height: _____ ' _____ " Student Weight: _____ lbs

Student has IEP plan: Yes* No **(If yes please attach a copy of the most current IEP to this packet)*

Student Diagnosis/What qualifies student to be a rider:

Student's Riding Goals for 2023 (What rider wants to learn/work on):

- 1.
- 2.
- 3.

I have read the 2023 NKT Riders Handbook. By signing below, I indicate that I understand and agree with the NKT policies:

Additional Rider Information

The collection of this will help us provide additional information for grant funding and will assist with collection of overall statistical data for our organization.

Which county do you reside in?

What is your race or Ethnicity?

Asian _____

Black or African American _____

Hispanic or Latino _____

Middle Eastern or North African _____

Multiracial or Multiethnic _____

Native American or Alaska Native _____

Native Hawaiian or other Pacific Islander _____

White/Caucasian _____

Another race or ethnicity _____

Are you or a member of your family a veteran?

No _____ Yes _____ If, so who _____

Rider Apparel Sizes

*There may be a time that clothing items are given away at no cost to you.
Having this information allows us to not have to guess on sizing.*

**There will be times where your sizes are collected for specific events for easier accessibility.*

T-Shirt Size _____

Long Sleeve Size _____

Hoodie/Jacket Size _____

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 – 2023

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