



Checked and Approved by:

Date: _____

New Kingdom Trailriders Rider UPDATE Form 2024

| | |
|---------------------|-----|
| Rider Check List | ___ |
| Chimp Mail | ___ |
| Rider Contact | ___ |
| Rider Emergency | ___ |
| Quickbooks | ___ |
| Equiforce | ___ |
| Scanned | ___ |
| Attached | ___ |
| Master Mailing List | ___ |
| Ready to be Filed | ___ |
| *Staff use only* | |

IF SIGNATURES ARE TYPED:

I am checking this box and agree that my typed signature serves as my handwritten signature for all forms included in this packet.

Rider Name: _____

Rider Age: _____

Rider Gender: _____

Rider Height: _____ ' _____ "

Rider Weight: _____ lbs

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

Rider Diagnosis/What qualifies this student to be a rider at NKT:

Rider's Riding Goals for 2024 (What rider wants to learn/work on):

- 1.
- 2.
- 3.

I have read the 2024 NKT Riders Handbook. By signing below, I indicate that I understand and agree with NKT policies: ****Updates have been made to the 2024 Handbook be sure to read****

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 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 Conditions/Special Accommodations Needed:

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 "life saving" 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: _____

Client, Parent or Legal Guardian

Date _____

NKT – RIDER REGISTRATION FORM UPDATE – 2024

Rider Name: _____

Rider 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