



Back In The Saddle Equine Therapy Center

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CLIENT UPDATE PACKET

Hello to all BITS ETC Participants,

Thank you for your continued interest in our programs. We request that clients update their information annually so we may be aware of any pertinent changes.

Please complete and return this abbreviated questionnaire. We will contact the doctor's office directly so you do not have to.

As always, should you need to cancel your lesson we ask that you contact your instructor.

I look forward to seeing you all "back in the saddle!"

Best Regards,

Jaryn Hall-Haines

Executive Director



REGISTRATION FORM

Participant Name _____

Primary Contact _____ Phone _____

Address [street] _____ [city/zip] _____

E-Mail [please print clearly] _____

Age _____ Height _____ Weight _____

* * * * *

PHOTO RELEASE:

I DO DO NOT consent and authorize the taking and use / reproduction of any and all photographs, and or other audiovisual materials taken of me by BITS ETC for promotional, (printed, or web-based), exhibitions, educational activities, or for any other use for the benefit of BITS ETC.

_____ date

Signature (Parent or Guardian if under 18)



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name _____ DOB _____

Address [street] _____ [city/zip] _____

Phone [home] _____ [cell] _____ Email _____

Physician's Name _____ Phone _____

Health Insurance Co. _____ Policy # _____

Allergies to medications? _____

Current Medications _____

In the event of an emergency, contact:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

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 _____

(Parent or Legal Guardian if under 18)