



Participant Information Form

To be completed by parent or guardian of participant

General Participant Information

Name of Participant: _____ DOB: _____ Age: _____

Gender Identity: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact

Name: _____ Phone _____

Email: _____ Relationship: _____

Secondary Contact:

Name: _____ Phone _____

Email: _____ Relationship: _____

Emergency Contact

Name: _____ Phone _____

Email: _____ Relationship: _____

Individuals Approved For Pick-Up (those not listed as contacts)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

What prompted you to enroll your child in the Royale Ranch program?

What would you like your child to learn at Royale Ranch?

What (if any) is your child's experience with horses?

Participant's Medical Information

Does your child have any of the following that we should be aware of to help them have a safe and positive experience in our program?

- Cognitive disability
- Physical disability
- Learning disability
- Mental health concerns
- Medical condition (e.g., asthma, allergies)
- Other (please specify)

If you checked any of the above, please describe:

Will your child be bringing any form of medication with them to the program?

- Yes No

If yes, please describe:

Is the participant currently working with a counselor/therapist/psychologist?

- Yes No

School Information

Name of School: _____ Grade: _____

Is your child currently experiencing any challenges at school (academic, social, behavioral, or emotional), including bullying, that you feel would be helpful for us to know about?

Yes No

If yes, please describe:

Are there any specific triggers or situations that may be difficult for your child? (For example: loud noises, group activities, being separated from a friend, transitions between activities, etc.)

Yes No

If yes, please describe:

Are there any life circumstances (such as family changes, illness, or other transitions) that may impact your child's experience with us?

Yes No

If yes, please describe:

Are there any specific supports, tools, or strategies that help your child feel safe and comfortable?

Yes No

If yes, please describe:

Confirmation Statement

I hereby state that all information included above is accurate and/or correct to the best of my knowledge:

Signature of Parent or Guardian

Date

(person who completed this form)