



YOUR DETAILS

Name:

Address:

Phone: D.O.B.

Email address:

Date of Program you would like to attend:

Emergency contact details:

Name of contact:

Phone:

Health (Cross out statement that does not apply)

I am in good health and there is no reason (such as a relevant disability or impairment) why I might reasonably be deemed by Racing Hearts to be unsuitable to participate in any horse related activity;

Or

Racing Hearts might reasonably need to consider whether I am suitable to participate in any horse related activity for the following reason(s):

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Do you have an NDIS plan? Y/N

Support Co-ordinator name:

Support Co-ordinator email:

NDIS number:

Plan manager name:

Invoice to be sent to (email):

Are you or your child being bullied? Y/N

Can you please give us some information about the type of bullying and any other relevant details such as how it is affecting the person being bullied:

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Currently engaged in other forms of therapy for symptoms/challenges with bullying? Y/N

If yes, what kind of therapies e.g. Occupational Therapist/Psychologist etc

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Other diagnosis e.g. Autism Spectrum Disorder etc Y/N

If yes please list:

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Any allergies, food intolerances or other medical issues we should be aware of? Y/N

If yes please

list:.....

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What school do you/your child attend?

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Any other relevant notes:

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