



**MTR's**  
**Maryland School of Horsemanship**  
**Summer Program**

Non-Profit  
Organization

**Rider Application and Health History Form**

(Should be completed and signed by parent or guardian if participant is under the age of 18 years)

**General Information**

Participant's Name: \_\_\_\_\_  
Parent/Caregiver's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer/School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Recent medical tests: \_\_\_\_\_  
Last Tetanus Shot: \_\_\_\_\_ Tuberculosis Test Date: + or - \_\_\_\_\_  
(Consult your physician or local health department if you are not up to date with these shots/tests)

**Health History**

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Photo Release**

(Should be completed and signed by parent or guardian if participant is under the age of 18 years)

- I  DO  
 DO NOT

consent to and authorize the use and reproduction by Maryland Therapeutic Riding of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dates and Rates**

Each session runs Monday through Friday from 9am - 1pm

Session fee is \$275 per week

10% discount for two or more weeks

5% discount if you sign up before April 1<sup>st</sup>

\$100 non- refundable deposit with application

Please check which dates you would like to attend:

- June 22- 26
- July 6-10
- July 13-17
- July 20- 24
- July 27- 31
- August 3-7

I have enclosed:

\_\_\_\_\_ \$100 non-refundable deposit - or - \_\_\_\_\_ Full payment in the amount of \$ \_\_\_\_\_

**By Visa or MasterCard** (please circle)

Name on card : \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_ Zip: \_\_\_\_\_

Phone # of card holder : \_\_\_\_\_ Amt. Charged \$ \_\_\_\_\_

**By Check**

Check # \_\_\_\_\_ enclosed in the amount of \$ \_\_\_\_\_

*Space is limited - please register early.*

*Please return these forms to MTR, P.O. Box 6477, Annapolis, MD 21401;  
or fax to (410) 923-1432; or call (410) 923-1187 to pay by credit card or for questions.*