



## Stars and Strides Patriots Program New Participant Registration

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Disability: \_\_\_\_\_ Secondary Disability: \_\_\_\_\_

Are you currently serving or previously served in the United States Military \_\_\_\_\_

If yes, which branch? \_\_\_\_\_ Rank: \_\_\_\_\_ Active, Discharged, or Retired? \_\_\_\_\_

Please attach a copy of your Active or Retired military ID or Form DD-214.

How did you hear about Stars and Strides Therapeutic Riding Center? \_\_\_\_\_

### Photo Release

\_\_\_\_ I **consent** to and authorize \_\_\_\_ I **do not** consent to nor do I authorize the use and reproduction by Stars and Strides of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

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

### Policy of Confidentiality

I agree to respect and observe privacy and confidentiality of the participants, volunteers, and donors of Stars and Strides Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

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

Empowering Great Strides In Life