



Enrollment Packet

Please fill out the following forms and provide the necessary documents to enroll your daughter in Taking the Reins:

1. **Enrollment Form** (included — mandatory)
2. **Liability Waiver** (included — mandatory)
3. **Family Volunteer Form** (included — mandatory)
3. **Financial Aid Application** (included — optional)

**In order to apply for financial aid, you must provide official documentation that includes unemployment status (if you do not claim unemployment, please provide your tax forms) or income (tax forms or last 3 months pay stubs)*

****All financial information is kept confidential****

4. **Official Immunization Records** (please provide — mandatory)

**Mandatory vaccinations include: Polio, DTaP (diphtheria, pertussis, tetanus), MMR (measles, mumps, rubella), Hepatitis B Series, Varicella (chicken pox)*

If you have any questions regarding this packet, please contact our Program Director, Liz Haven Aulestia, to discuss further.

Enrollment Form 2024



Enrollment Date: ____ / ____ / ____

Participant Information

Participant's Name: _____

Address: _____

City: _____ **Zip Code:** _____

Date of Birth: ____ / ____ / ____ **Height:** ____ ' ____ **Weight:** ____ lbs

Current School: _____ **Current Grade Level:** _____

Race/Ethnicity:

____ Asian/Asian American ____ Black/African American — non Hispanic

____ Latina/Hispanic/Spanish Origin ____ White/Caucasian — non Hispanic

____ Native Hawaiian/Pacific Islander ____ Native/American Indian

____ Armenian ____ Other _____

Allergies: ____ Yes ____ No

If Yes, please list:

Medical Conditions: ____ Yes ____ No

If Yes, please describe:

Learning Disabilities: ____ Yes ____ No

If Yes, please list:

Parent/Guardian Information

Primary Parent/Guardian Name: _____

Relationship to Participant: _____

Mobile Phone: (____) ____ — _____ Work Phone: (____) ____ — _____

Email: _____

Secondary Parent/Guardian Name: _____

Relationship to Participant: _____

Mobile Phone: (____) ____ — _____ Work Phone: (____) ____ — _____

Email: _____

Please include both parent/guardians on all communications: ____ Yes ____ No

Emergency Information

Please provide a minimum of 2 emergency contacts (parent/guardians cannot be included):

1. Name: _____ Relationship _____

Mobile Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

2. Name: _____ Relationship _____

Mobile Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

3. Name: _____ Relationship _____

Mobile Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

Consent & Release from Liability



I, _____, am the parent or legal guardian of _____, a minor. I hereby acknowledge that I am acting in such capacity and on behalf of both parent/guardians of the minor with respect to the minor's participation in the activities of Taking the Reins (hereinafter "TTR").

I UNDERSTAND AND ACKNOWLEDGE that horseback riding contains inherent risks of injury and damage to the rider, the horse, and the equipment. Knowing these facts, I nevertheless agree that, as consideration for permitting the minor to participate in the activities of TTR, I hereby release, waive, and discharge TTR and its' directors, officers, agents, employees, contractors, and volunteers (hereinafter "RELEASEE") from all actions, claims, demands, and liability to me and my heirs, distributees, legal representatives, and assigns, for any injury or damage resulting from the negligence or other acts, however caused, of any RELEASEE with respect to the minors' participation in TTR's activities, including any travel and lodging incident to such events (hereinafter "ACTIVITIES").

I FURTHER AGREE TO DEFEND, indemnify, and hold harmless the RELEASEES against all claims, demands, and causes of action, including costs and attorneys fees, directly or indirectly arising from any action or other proceeding prosecuted against a RELEASEE arising out of the minors' participation in TTR's ACTIVITIES, including a claim by the minor in his or her personal capacity, including all claims of every kind and nature whatsoever whether known or unknown, and I expressly waive any benefits I may have under Section 1542 of the California Civil Code relating to the release of unknown claims.

I HEREBY CONSENT to authorize TTR to interview, photograph, film, or videotape the minor during his or her participation in TTR's ACTIVITIES and hereby grant TTR the exclusive ownership and right to use and to authorize others to use any such interview, photograph, film, or videotape of the minor for publication in books, magazines, pamphlets, or other print media, or in television, radio or other media. All material produced by the participants while at TTR are the property of TTR to be used in the above manner.

I HEREBY GRANT PERMISSION for any representative of TTR to take whatever steps may be necessary to obtain emergency medical care for the minor. I agree that any expenses incurred will be borne by me and not TTR.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE FROM LIABILITY AND A CONTRACT BETWEEN MYSELF AND TTR, AND I SIGN IT OF MY OWN FREE WILL.

Signature of Parent or Guardian

Relationship to Minor

Date

TTR Representative

Position

Date

Application for Financial Assistance



Participant Name: _____ Date: ____ / ____ / ____

Parent/Guardian Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____ Email: _____

School: _____ Grade: _____

1. Do both parent/guardians work? Yes No

2. If separated or divorced, are you the custodial parent? Yes No

3. If yes to #2, how much child support do you receive yearly? \$ _____

4. What is the estimated yearly income of your former spouse? \$ _____

5. Is your participant a foster youth? Yes No

Estimated family income for 2023 (salary, interest, dividends, etc.) \$ _____

Other sources of funding (family members, trusts, etc.) \$ _____

Is this an application for a renewal of a previous aid request? Yes No

Is your participant currently enrolled in Taking the Reins? Yes No

NOTE: If you are not currently enrolled, please remember that this form must be accompanied by an Enrollment packet. Please also attach official unemployment, tax, or pay stubs forms.

Parent/Guardian Signature: _____

TTR Representative Signature: _____

For additional information regarding the financial aid process, email programs@takingthereins.org