



Participant/Volunteer Health Profile

Square Peg Horsemanship

Name: _____

Date: _____

Emergency Phone: _____

Emergency Contact: _____

Birth Date: _____

Parent/Guardian Information

Name: _____

Relationship: _____

Address: _____

Phone: _____

Mobile: _____

City, State: _____

Alternate: _____

ZIP/Postal Code: _____

Email: _____

Medical Information

Allergies: _____

Medications: _____

Please describe the current health status of the participant/volunteer regarding the physical & emotional demands of a riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalization/surgeries, psychiatric or neurological conditions, or lifestyle changes.

The participant/volunteer is sensitive to: _____

Behavior may include: _____

Square Peg Foundation
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