



WHEN COMPLETE, PLEASE SEND TO:  
WORKSHOPS@TRINITY-EC.COM

# SKILLS WORKSHOP REGISTRATION

## PARTICIPANT INFORMATION

TODAY'S DATE:

FULL NAME:

BIRTHDATE:

GENDER:

AGE:

WHERE IS THE CHILD PLACED/LIVING?

Home

Home of Relative

Foster Care

Other placement:

PARENT/GUARDIAN NAME:

RELATIONSHIP:

SCHOOL PRESENTLY ATTENDING:

ADDRESS:

PHONE:

EMAIL:

GOALS FOR PARTICIPATION IN WORKSHOPS *(For CCS clients please list goals used on ISP/Recovery Plan):*

INCLUSIONARY CRITERIA *(check all that apply):*

The child is continent of bowel and bladder.

The child understands verbal prompts and is able to communicate.

The child has not presented with problem sexual behavior.

The child has not demonstrated physical aggression toward any professional in the past 3 months.

MENTAL HEALTH & MEDICAL DIAGNOSES:

HISTORY OF SUICIDE/SELF-HARM: Yes No

HISTORY OF DANGER TO OTHERS/ANIMALS: Yes No

WHAT HELPS THIS CHILD FEEL CALM AND FOCUSED?

PHYSICAL LIMITATIONS:

ALLERGIES:

## REFERRING AGENCY & BILLING INFORMATION

REFERRING AGENCY:

CONTACT PERSON:

PHONE:

EMAIL:

BILLING TYPE: CCS *(please provide current ISP)* WPS County Other:

BILLING CONTACT: Referring agency Separate agency *(name & email):*

*Workshop slots are reserved on a first-come first-served basis and availability. No guarantee is made that participants referred will be approved for participation. Workshop placement will be confirmed after participant and parent/ guardian registers for and attends a Workshop screening, if necessary. Authorizations will be requested at the time of placement into a Workshop.*



## INFORMED CONSENT FOR SKILLS WORKSHOP PROGRAM

**Participant Name:**

**Date of Birth:**

Welcome to the Trinity Equestrian Center (TEC)! Services provided through the Skills Workshop program include individual skill development/enhancement and educational activities in one-on-one and group settings at TEC site(s) and in the community.

### TRANSPORTATION & FIELD TRIP AUTHORIZATION

As part of the Skills Workshop Program, the participant will be transported to/from Skills Workshop Program activities in the community and at TEC site(s). Therefore, I grant permission for my child/ward to participate in any and all field trips, as well as, to be routinely transported by the staff of TEC, TEC mentors, and/or the staff of the Skills Workshop Program. Any and all costs of field trips and transportation is included in the billed amount and is not the responsibility of the parent/guardian of the participant. If my child's behavior causes safety concerns during transport, alternative transportation will need to be arranged or provided by myself (the parent/guardian).

### PHOTO RELEASE *(We appreciate your consideration of this!)*

**I DO**    **I DO NOT**    Consent to and authorize the use and reproduction by Trinity Equestrian Center of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/ my ward for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

Exceptions:

### CONSENT FOR PARTICIPATION

I believe that I have been given sufficiently specific, complete and accurate information I may need about individual skill development/enhancement and education activities provided in the Skills Workshop Program. I also believe I have been given enough time to study, discuss and understand this information so that I can make an informed decision regarding needed services.

I give my informed consent and permission for my child/ward to participate in the TEC Skills Workshop Program and its related activities. I understand that in signing this consent form I am giving TEC permission for services until one year from the date of signing. I understand I may withdraw my informed consent for services at any time, in writing. I also understand my consent to services ends at the time of termination of program services to me/my child/my ward. Lastly, I understand I must be given a copy of this consent document upon my request. Therefore, I consent and give permission for participation in the Skills Workshop Program provided by the staff of the Trinity Equestrian Center.

**Parent/Guardian Signature:**

**Date:**

**Participant Signature:**

**Date:**

*Required if participant is age 12 or older.*



# PARTICIPATION RELEASE FOR SKILLS WORKSHOP PROGRAM

**Participant Name:**

Herein identified as "my child/my ward"

**Date of Birth:****AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Trinity Equestrian Center to:

1. Secure and retain medical treatment and transportation if needed for my child/my ward.
2. Release client records regarding my child/my ward upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the responding medical professionals and/or physician. This provision will only be invoked if the parent/guardian and identified emergency contact are unable to be reached.

I DO GIVE CONSENT

I DO NOT GIVE CONSENT

**Parent/Guardian Signature:****Date:****Participant Signature:**

*Required if participant is age 12 or older.*

**Date:****LIABILITY RELEASE**

In return for participating in Trinity Equestrian Center and Trinity Mentoring Programs, including its facilities, horses, equipment and other horse or non-horse related activities, I, my family member or my ward \_\_\_\_\_ (Participant's Name) agree to abide by all rules and regulations of Trinity Equestrian Center and Trinity Mentoring now in effect or later adopted.

In addition, I hereby agree to assume all responsibility and risk for me, my family member or my ward's participation in activities at Trinity Equestrian Center. I further agree to hold Trinity Equestrian Center, Trinity Mentoring, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Staff or all Owner's of privately owned horses, free and harmless from all damages or liability for any injury to person or property arising as a result of the use/participation of facilities, horses, equipment and horse or non-horse related activities, including any injury caused by their negligence.

I am aware of the significant risks of injury that horse-related activities may cause to myself, family member or my ward, however I feel that the possible benefits to myself, my family member or ward are greater than and outweigh the risk assumed. By signing this agreement, I am assuming all risk and do hereby understand that horses are animals, not subject to any guarantee of reliability. Therefore, I agree to release, indemnify and hold harmless Trinity Equestrian Center, Trinity Mentoring, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Staff and all Owners of privately owned horses, from all liability they may incur.

WISCONSIN EQUINE LAW: In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in the being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes."

**Parent/Guardian Signature:****Date:****Participant Signature:**

*Required if participant is age 12 or older.*

**Date:**