

HTRP Dba Highlands Riding Center Adult Volunteer Form
6621 Hunter Road
Harrison, TN 37341
Phone – 423/356-8459 Web address – htrp.org

Your name _____ Male/Female Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home # _____ Cell _____ Alternate contact name _____ Phone _____

Emergency Contact & Address _____ Phone _____

How did you hear about HTRP? _____

Have you ever ridden before? Yes No

If yes, where _____ How Long? _____

List sports or Horse activities you have done before _____

What are your goals _____ Date of last physical _____

Do you have any injuries that have required rehab, therapy and/or surgery? _____

If so, what was the Injury and is the injury totally healed and from a medical Doctor?

Are you currently taking any medications? (If so please List) _____

Do you currently have any injuries or medical conditions that would not be advisable from your medical doctor?

Or prohibit you from participating in any equine activities riding or ground participation? Yes / No (circle one)

If answered Yes Please give details _____

I have read the Volunteer Packet: _____ Date: _____

I have completed Volunteer Training: _____ Date: _____

_____ Barn Manager/Asst. Manager/ Vol Coordinator