

# WE CAN RIDE



P.O. Box 1102  
MINNETONKA, MN 55345  
(952) 934-0057  
FAX (952) 974-9688  
WWW.WECANRIDE.ORG

DATE RECEIVED \_\_\_\_\_

## NEW CLIENT REGISTRATION 2012

### CLIENT INFORMATION

NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ DATE OF REGISTRATION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

PARENT/GUARDIAN NAME (IF APPLICABLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT: HOME \_\_\_\_\_ WORK \_\_\_\_\_

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

PREFERRED NUMBER \_\_\_\_\_

GROUP HOME NAME (IF APPLICABLE) \_\_\_\_\_

GROUP HOME ADDRESS \_\_\_\_\_

GROUP HOME PHONE \_\_\_\_\_ GROUP HOME FAX \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

DATE OF ONSET \_\_\_\_\_

EFFECT(S) OF DIAGNOSIS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL ASSISTANCE NEEDED TO SIT, STAND, MOVE, OR COMMUNICATE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GENERAL BEHAVIOR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE & SIGN OTHER SIDE**

# CLIENT REGISTRATION

(CONTINUED)

**SITES** You will be contacted when an appropriate opening becomes available. Please list riding locations in order of preference (Marine on St. Croix, Minnetonka, Montrose, The University of Minnesota in St. Paul, New Germany).

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_

**CONSENT FOR RELEASE OF INFORMATION** I hereby authorize the release of information from the following sources to *We Can Ride, Inc.*:

MEDICAL HISTORY

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

THERAPY PROGRAM(S)

THERAPIST \_\_\_\_\_ PHONE \_\_\_\_\_

SCHOOL OR RESIDENTIAL FACILITY

FACILITY \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE OF RELEASE  \_\_\_\_\_ DATE \_\_\_\_\_  
RELATIONSHIP TO CLIENT \_\_\_\_\_

CONFIDENTIALITY. We can ride is bound by confidentiality requirements of state and federal law and of the Hennepin County Home School and does not disclose confidential client information without permission. All clients, parents, guardians, and other caregivers agree to abide by the Hennepin County Home School confidentiality rules including, but not limited to, the ban on taking photographs of Home School residents.

RESPONSIBILITY FOR PAYMENT. I hereby acknowledge that I am ultimately responsible for all charges applied to my account **whether or not covered by insurance.** I further acknowledge that I have read and understand the Payment Policy Notice (separate form).

**Client Name** \_\_\_\_\_ **Payor** \_\_\_\_\_

**Billing Address** \_\_\_\_\_ **Payor Preferred Phone** \_\_\_\_\_

**City/Zip** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

SIGNATURE  \_\_\_\_\_ DATE \_\_\_\_\_

RELATIONSHIP TO CLIENT \_\_\_\_\_