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|---|--|--|--|---------------------------------------|
| Date of Last Physical: | | Expiration Date: | | |
| Director, Morale, Welfare and Recreation (DMWR) Sport and Recreation Division (SRD) Hilltops Riding Stables (HTRS) REGISTRATION FORM | | | | |
| DATA REQUIRED BY THE PRIVACY ACT OF 1974 | | | | |
| Authority: Title 10, United States Code, Section 3013. Purpose (S): To provide child and family program eligibility and background information, sponsor consent for access to emergency medical care. Routine: Information is furnished the attending physician when it is necessary for a child to be taken to a medical facility by someone other than the parent. Information on immunizations and medical problems will be used as part of the program admission screening procedure. Disclosure: Disclosure or required information is voluntary, however, if information is not provided, individuals may not be allowed to participate in HTRS programs. | | | | |
| Declaration of Nondiscrimination: Services will be made available to all children in attendance without regard to race, religion, national origin, or sex, within the limits of AR 608-10. | | | | |
| Child's Name | CIV Child's SSN/ INSUR INFO | Birthdate | Sex | Child's Age |
| Relation to Sponsor(If not the Parent) | | | | |
| Name of Sponsor/Parent | Grade | SSN | Service _____ __Act __Retired __Civ | Sole Parent __Yes __No |
| Home Address | ON Post Off Post | Home/Cell phones Duty/ Work Phone | Duty/ work Address | Unit |
| Name of Spouse | Grade | SSN | Service _____ __Act __Retired __Civ | Sole Parent __Yes __No |
| Home Address | ON Post Off Post | Home/Cell phones Duty/ Work Phone | Duty/ work Address | Unit |
| Emergency Child Release Designee | Home/Cell Phones | Duty/Work Phones | Relationship to Child | |
| Emergency Child Release Designee | Home/Cell Phones | Duty/Work Phones | Relationship to Child | |

Medical Information

Tetanus Shot: _____
Date

Special medical conditions _____

Allergies _____

Medications _____

Sponsor/Parent Consent: I _____ (parent/guardian)
of _____

Give consent for an authorized HTRS representative to take my child (ren) for care, medical, or dental, in an emergency situation where the child's condition represents a serious or imminent threat to his/her life, health, or well being. I understand a conscientious effort will be made to notify me prior to such action and the expense, if any, will be borne by me. Treatment at any Army Medical Facility may be provided without additional consent under provision of AR 40-3, paragraph 2-19.

Date _____ **Signature of Sponsor/Parent** _____

SPONSOR CONSENT

I. _____ (Parent/guardian) of _____

Consent to the following in reference to the care of my child:

- 1. a. Use of photographs of my child for release to the Fort Gordon Public affairs Office **Yes__ No__**
For the Signal newspaper or to copy right and/or reuse in other military publications.
- b. Use of photographs of my child for release to civilian media to include newspapers **Yes__ No__**
and/or television.
- 2. Use of photographs of my child for use on DMWR Website. **Yes__ No__**
- 3. Participation in on and off post excursions by HTRS personnel. **Yes__ No__**
- 4. Transportation in a government vehicle is authorized. **Yes__ No__**
- 5. Transportation in a private vehicle is authorized. **Yes__ No__**

| Activity | Location | Arrive | Depart |
|----------|----------|--------|--------|
| | | | |
| | | | |
| | | | |

Remarks:

I request for my child be allowed to participate in the above activity/sport. I agree to assume all responsibility for any hazards incidental to participation in the above activity/sport. I will not hold DMWR, HTRS, its employees, and/or any volunteer, responsible for any accident or injury that may occur during my child's participation.

Signature of Sponsor/Parent _____ **Date** _____