

Directorate of Family and Morale, Welfare and Recreation (DFMWR)

Recreation Division (RD)

Hilltop 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	Child's SSN/INSUR INFO **Optional**	Birthdate	Gender	Child's Age
Email				
Name of Sponsor/Parent	Grade	Last 4 SSN or DOD ID	Service _____ ☐ Act ☐ Retired ☐ Civ	Sole Parent ☐ Yes ☐ No
Home Address	☐ On Post ☐ Off Post	Home/Cell Phones	Duty/Work Address	Unit
		Duty/Work Phone		
Name of Spouse	Grade	Last 4 SSN or DOD ID	Service _____ ☐ Act ☐ Retired ☐ Civ	Sole Parent ☐ Yes ☐ No
Home Address	☐ On Post ☐ Off Post	Home/Cell Phones	Duty/Work Address	Unit
		Duty/Work Phone		
Emergency Child Release Designee	Home/Cell Phones	Duty/Work Phone	Relationship to Child	
Emergency Child Release Designee	Home/Cell Phones	Duty/Work Phone	Relationship to Child	

Medical Information

Date of last Tetanus Shot: _____ Date of Last Physical: _____

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.

Signature of Sponsor/Parent

Date

Sponsor Consent

I, _____ (parent/guardian) of _____

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

- | | | |
|--|---------------------------|--------------------------|
| 1. Use of photographs of my child for release to the Fort Gordon Public Affairs Office | ☐ Yes | ☐ No |
| 2. Use of photographs of my child for release to civilian media to include newspapers and/or television. | ☐ Yes | ☐ No |
| 3. Use of photographs for camp crafts. | ☐ Yes | ☐ No |
| 4. Use of photographs of my child for use on DFMWR Website. | ☐ Yes | ☐ No |
| 5. Participation in on and off post excursions by HTRS personnel. | ☐ Yes | ☐ No |
| 6. Transportation in a government vehicle is authorized. | ☐ Yes | ☐ No |
| 7. 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 DFMWR, 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