

Date of Last Physical:		Expiration Date:		
<p align="center">Director, Morale, Welfare and Recreation (DMWR) Sport and Recreation Division (SRD) Hilltops Riding Stables (HTRS) REGISTRATION FORM</p>				
DATA REQUIRED BY THE PRIVACY ACT OF 1974				
<p>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 pan 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.</p>				
<p>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.</p>				
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	Last 4 SSN or DOD ID	Service _____ <input type="radio"/> Act <input type="radio"/> Retired <input type="radio"/> Civ	Sole Parent <input type="radio"/> Yes <input type="radio"/> No
Home Address	<input type="radio"/> On Post <input type="radio"/> Off Post	Home/Cell Phones	Duty/Work Address	Unit
		Duty/Work Phone		
Name of Spouse	Grade	Last 4 SSN or DOD ID	Service _____ <input type="radio"/> Act <input type="radio"/> Retired <input type="radio"/> Civ	Sole Parent <input type="radio"/> Yes <input type="radio"/> No
Home Address	<input type="radio"/> On Post <input type="radio"/> 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: _____

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. a. Use of photographs of my child for release to the Fort Gordon Public affairs Office for the Signal newspaper or to copyright and/or reuse in other military publications. | <input type="radio"/> Yes <input type="radio"/> No |
| b. Use of photographs of my child for release to civilian media to include newspapers and/or television. | <input type="radio"/> Yes <input type="radio"/> No |
| 2. Use of photographs of my child for use on DMWR Website. | <input type="radio"/> Yes <input type="radio"/> No |
| 3. Participation in on and off post excursions by HTRS personnel. | <input type="radio"/> Yes <input type="radio"/> No |
| 4. Transportation in a government vehicle is authorized. | <input type="radio"/> Yes <input type="radio"/> No |
| 5. Transportation in a private vehicle is authorized. | <input type="radio"/> Yes <input type="radio"/> 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

Please save and submit this form as an attachment to HTRS via email: usarmy.eisenhower.id-training.mbx.htrs-registrations@army.mil, melissa.a.rocker-jacobs.naf@army.mil, esperanza.i.alvarado.naf@army.mil. **Click this button to compose your email automatically.**
DON'T FORGET TO SAVE AND ATTACH THIS PDF TO YOUR EMAIL: