



# ProMISE Project

Southern Tier Alternative Therapies  
PO BOX 1567 Binghamton, NY 13902



www.STATINC.org

Fall 2011  
8 week program  
**October 4-November 30**  
Group: **Tuesday 4-6:30pm**  
Barn: **Wednesday 4-7:30pm**

*Promoting, Mentoring, & Inspiring Teens to  
Stay in School using Equine-Assisted Therapies*

First & Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

Nick name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of School & District: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

Please tell us, in two or three sentences,  
why you want to be part of the ProMISE Project...

What do you like to do in your spare time?

Are you currently a member, or wish to be a member in any clubs, groups or teams?

Please list three positive characteristics a teacher/friend/family member might say to describe you...

**Application & Submission Due:**

Thursday, October 6, 2011  
Jessie Cornell, MSW  
STAT Program Coordinator  
[Cornell.Jessie@gmail.com](mailto:Cornell.Jessie@gmail.com)  
(585) 314-3691



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What is your favorite memory? Why is this your favorite memory?

What types of jobs, careers or trainings would you like to explore?

Please check all that apply. To be eligible for participation in the ProMISE Project a student must be concerned with at least one, or any combination of the following issues:

- Poor School Attendance
- Financial Stress at Home
- Gang Involvement
- Legal Trouble
- Difficulty with Academics
- Mental Health Diagnosis
- Transitions at home
- Recommended by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Choose a T-Shirt Size:  Adult XL  Adult L  Adult M  Adult S

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**EMERGENCY CONTACT FORM**

Applicant's Name: \_\_\_\_\_

Emergency Contact I :

Name: \_\_\_\_\_

Phone Numbers: (W) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact II :

Name: \_\_\_\_\_

Phone Numbers: (W) \_\_\_\_\_ (C) \_\_\_\_\_ (H) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

**Please list any allergies or medical conditions we may need to know about:**

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Waiver of Liability & Release Form

STAT, Inc., is a 501(c)(3) non-profit public charity.

In accordance with our organization Bylaws, Programming, and Scholarship Guidelines:

*By participating in The ProMISE Project, I am agreeing to adhere to any and all facility and program rules or guidelines. This document also releases STAT, Inc. (including, but not limited to, managers, directors, volunteers, and agents), other sponsoring organizations, and any other parties connected with events, either singly or collectively, from any liability for any injury, harm, loss, inconvenience, or damage suffered or sustained as a result of participation in one or more events or any activities associated therewith. I also give permission to STAT, Inc. to use photographs or portions thereof, whether still or moving, voice and likeness for trade, publicity or for any other lawful manner whatsoever; hereby waiving my right to review such photographs etc. prior to use.*

Program Evaluation Data:

*By participating in The ProMISE Project, I am agreeing that reasonable clinical data can and will be collected using methods of survey and questionnaire. All material is available for parental review upon request. The purpose of said data collection is for program evaluation to assess efficacy of delivery and clinical improvement value. All data will be kept in a locked storage system and reviewed only by The ProMISE Project Program Manager, the MSW intern, and the Executive Director of Southern Tier Alternative Therapies. Individual results of the measurement tools will not be divulged to any exterior parties. Aggregate statistics and change values may be used both internally for programming evaluation as well as cited for application of external funding sources. This data is not nor will be used for research or study purposes. This document releases STAT, Inc. (including, but not limited to, managers, directors, volunteers, and agents), other sponsoring organizations, and any other parties connected with events, either singly or collectively, from any liability for any injury, harm, loss, inconvenience, or damage suffered or sustained as a result of participation in one or more events or any activities associated therewith.*

Print Participant's Name: \_\_\_\_\_

Signature of Participant's Parent/Guardian

\_\_\_\_\_

Print Signatory Name: \_\_\_\_\_

Date \_\_\_\_\_

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