



New Student Application

Information on this form will be used to assess the applicant's suitability for placement in our Program and must be completed prior to evaluation for placement.

APPLICANT'S NAME: _____
DATE : _____
PARENT/GUARDIAN: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: H _____ C. _____ W. _____
Employer: _____
EMAIL: _____

Medical Information

DOB: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____
APPLICANT'S DISABILITY DIAGNOSIS: _____

PLEASE LIST ANY LIMITATIONS OF THE APPLICANT: _____

Rider's Background

Name of School or Institution Rider Attends (if applicable): _____

Rider's Employer (if applicable): _____

Is the Applicant Ambulatory? YES NO

Does the Rider have full use of both legs? YES NO

If No, please describe: _____

Does the applicant wear braces or other assistive devices? YES NO

If Yes, please describe: _____

Would these assistive devices be needed while riding? YES NO

Is the applicant able to sit upright independently for at least 20 minutes? YES NO

Does the applicant have full use of both hands and arms? YES NO

If No, please describe: _____

Method of Communication?

- Conversation Speech
- Limited Speech

- Sign Language
- None

Previous Riding Experience? YES NO

If Yes, please describe: _____

Applicants are assessed for removal from the waiting list as spaces in the program become available. They will only be placed into classes when the rider's level of support needed and horse availability is in line with a vacancy in the program, not necessarily based on length of time on the Waiting List.

Parent/Guardian Signature: _____ Date: _____