



PO Box 99609  
Raleigh, NC 27624  
www.helpinghorse.org

## New Rider 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.*

DATE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: H \_\_\_\_\_ C. \_\_\_\_\_ W. \_\_\_\_\_

PARENT'S EMPLOYER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

How did you find out about Helping Horse? \_\_\_\_\_

### Medical Information

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ (must weigh under 200lbs)

APPLICANT'S DISABILITY DIAGNOSIS: \_\_\_\_\_

PLEASE LIST ANY LIMITATIONS OF THE APPLICANT: \_\_\_\_\_

### Rider's Background

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

Is the Applicant Ambulatory? YES NO

Does the Applicant 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: \_\_\_\_\_

Our horses have a weight limit... Is the applicant's weight less than 200 pounds? \_\_\_\_\_

Method of Communication?

- Conversation Speech
- Limited Speech

- Sign Language
- None

Previous Riding Experience? YES NO

If Yes, please describe: \_\_\_\_\_

What is your goal in enrolling your child in Helping Horse and what results are you expecting from riding with our program?

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**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: \_\_\_\_\_

Helping Horse Therapeutic Riding Program does not and shall not discriminate on the basis of race, color, religion (creed), pregnancy, gender, gender expression, sexual orientation, national origin, age, disability, veteran/military status, marital status or any other protected characteristic in any of its activities or operations.