

## RideAbility Student Application Form

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

This form indicates your interest in being a student rider in the RideAbility program – it does not necessarily enroll you in a riding class or guarantee class availability for you. The sooner this form is filled out and returned the more likely it will be that there will be a class space open for you to ride. (RideAbility is served on a first-come-first-serve basis, with consideration for our ability to provide the needs for each individual applicant and their family.) When class schedules are set, and volunteers are committed, RideAbility will contact you to confirm your class dates and times. The class fee structure is explained on our website [www.rideability.org](http://www.rideability.org) or you may call our director to discuss fees or questions on financial assistance. ( Jeanie 507-271-8908 ) Please complete Application, Participation and Medical Forms for each rider, and return forms and class fees to: **RideAbility P.O. Box 646 Pine Island, MN 55963-0646**

STUDENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

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

PARENT or  
GUARDIAN(s) \_\_\_\_\_ PHONE: \_\_\_\_\_

### **Student's Profile:**

DATE OF BIRTH (MM/DD/YY): \_\_\_/\_\_\_/\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ lbs MALE \_\_\_ FEMALE \_\_\_  
DISABILITY (or none) \_\_\_\_\_

Does this rider use a cane? \_\_\_ leg braces? \_\_\_ walker? \_\_\_ wheelchair? \_\_\_ other aids? \_\_\_\_\_

Please describe any range of motion limitations with hips/knees/ankles: \_\_\_\_\_

Do you anticipate any problems sitting on the horse, or any extra help/support that might be needed? \_\_\_\_\_

Can this rider grasp reins? \_\_\_\_\_ saddle horn? \_\_\_\_\_ other hand holds? \_\_\_\_\_

Can this rider walk up 3 steps to get on the mounting block? \_\_\_\_\_ with help? \_\_\_\_\_ on their own? \_\_\_\_\_

Has this rider ever had seizures? \_\_\_\_\_ If yes, please explain extent, duration, frequency: \_\_\_\_\_

Is this rider presently medicated? \_\_\_\_\_ Any breakthrough seizures? \_\_\_\_\_

Is this rider verbal? \_\_\_ non-verbal? \_\_\_ sign language? \_\_\_ Please describe communication skills in more detail (ie. Shy, over-active, deaf, hearing impaired, hugs a lot, etc.) \_\_\_\_\_

Does this rider have specific fears, behavior issues or other problems that we should be aware of? \_\_\_\_\_

**BRIEFLY DESCRIBE WHY STUDENT WANTS TO PARTICIPATE IN RIDEABILITY:** (For example: for fun, for a family activity, general social interaction, to learn about horses, for physical benefits like balance/coordination/stamina, or further reasons .....)

Please indicate what dates and times your family would like to schedule their riding classes:

Class session/dates(Spring, Summer#1, Summer#2, Fall): \_\_\_\_\_

Day of the week(Monday, Tuesday, other): \_\_\_\_\_

Time( 6:00PM, 7:30PM, other): \_\_\_\_\_

RideAbility will do their best to accommodate family needs in class scheduling ☺

Do you have an inspirational story or comment to share? Something that has happened to you or your family at RideAbility? Please write in a few personal words to inspire our volunteers or help our donors understand why they might want to support RideAbility:  
(This feedback is what keeps our program going!)