



Application Form

Program Name:

Program Date(s):

Please email completed form to: healing@reinsatsaddleview.com

Participant's Name: _____ Date of Birth: ____/____/____

Age: _____ Weight: _____ Height: _____

Medications: _____

Allergies or dietary restrictions : _____

Parent or Guardian: _____

Relationship: _____

Best Number To Contact at: _____ Email: _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____

Emergency Contact: _____ Cell: _____

What are your child's favorite activities or special interests?

What is their horseback riding experience?

- Beginner (A rider with little or no experience)
- Novice (A rider who is comfortable and in control at the walk and/or trot but has limited experience trotting and/or cantering.
- Intermediate (A rider who is confident and in control in all paces (including posting trots, two point canters and gallops), but does not ride regularly.
- Strong Intermediate (An intermediate rider who is currently riding regularly and is comfortable in the saddle for at least 6 hours per day.

Any fears?

Physical Concerns we should be aware of (in respect to limitations or challenges)?

Behavioral concerns we should be aware of to make this experience successful for your child?

If you would like to be considered for a half or full scholarship, please provide your household annual income reported on your taxes last year _____. # in your household _____

Disclaimer: At this time, we do not have adequate facilities to safely support individuals who have mobility instability or utilize wheelchairs